1853

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

## CERTIFICATE OF DEATH

Reg. Dist. No. 230

01833

I. PLACE OF DEATH- COUNTY Prince George's MARYLAND			2. USUAL RESIDENCE (		KASED COUNT	Y <sub>S</sub>	
CITY (If outside of	corporate limits, write RURA		CITY (If outside corpor OR TOWN Colle	ate limits, write R		re nearest	town)
HOSPITAL OR INSTITUTION O STREET ADDRE		oad	STREET ADDRESS Net2	rott Road	ive location).		1
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE	(Month)	(Day)	(Year)
(Type or Print)	Ralph	William Ande	erson	OF DEATH	Feb	2.	1955
5. SEX	6. COLOR OR RACE		8. DATE OF BIRTH	9. AGE last birth		. /	
male	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARY 100	May 15,1905	1.0	Months.	Days 1	Hours   Min.
10a. USUAL OCCUP	ATION (Give kind of work   working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	ii. BIRTHPLACE (State	or foreign country)		COUNTRY	N OF WHAT
13. FATHER'S NAM		TIVELD TOV OI TIUS	14. MOTHER'S MAIDEN		•	10 0 1	
Unk	nown		Florence	9			
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS			
(Yes, no, or unknown)	(If yes, give war or dates of mervice)	(	Margaret E. Ar		lara Fr	nt Mir	q
1	leervice) no	18. MEDICAL CE		MC130H GO	TTCSC VC	15 10 000	
	ONDITIONS DIRECTLY					INTERV ONSET	AL BUTWERN AND DEATE
440	7 '	Respiratory 7					
Immediat	te cause (a)	repusiony !	allen				
Antecedent cause(s) Disease or conditions, if any, (b)				· · · · · · · · · · · · · · · · · · ·	24	vecks	
giving rise to the above cause stating the underlying cause last  (c) Bilateral Browning Browning Cause Co. Bilateral Browning Browning Browning Co.				3 weeks			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPE				20. AU	TOPSY		
Yes [] No					7 No F		
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	rown)	(COUNTY)		TATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   HOW DID INJURY OCCUR?  OF   While at Not While   Not While   Not While   Not While   Not Work   At work   Not Wo							
22. I hereby certify that I attended the deceased from 2/1, to 2/2, to 1925, that I last saw the deceased							
alive on 2 2 , 1955, and that death occurred at 8 m., from the causes and on the date stated above.  SIGNATURE DATE SIGNED							
William		m. 30.1	3. Ridge Rd. 17	winheld.	had.	2/	3/55
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) 12/11/55 12/11/55 13. BURIAL CREMATION DATE THEREOF 12/11/55 14. CREMATION (City, town, or county) 15. BURIAL CREMATION DATE THEREOF 16. CREMATION City, town, or county) 16. CREMATION City, town, or crematical city, town, or county) 16. CREMATION City, town, or county) 16. CREMATION City, town, or crematical city, town, or county) 16. CREMATION City, town, or crematical city, town, or county) 16. CREMATION City, town, or crematical city,				d.	(State)		
DATE REC'D BY	LOCAL REGISTRAR'S.	SIGNATURE	F. Gasch's Sor		ville, l	ADDI	UESS
John D. Smith							

PECEIVED 8. S. BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1862

### CERTIFICATE OF DEATH

eg. Dist. No. 245

100%	CENTIFICATI	OF DEATH	Keg. Dist.	No.
1. PLACE OF DEATH:		2. USUAL RESIDENCE	HOME) OF DECEASED	:
1. PLACE OF DEATH:  COUNTY  CITY (If outside corporate limits, we	ACM MARYLAND	STATE Marylo	COUNTY Or	a Steman
CITY (If outside corporate limits, wr	RURAL LENGTH OF STAY	CITYIII outside corporat	e limits, write RURAL at	nd give-neares (lown)
17 TOWN Jakoma -0	ack Juyear	TOWN L	zkoma -	-Cark 17
HOSEITAL OR INSTITUTION OR	/	STREET ADDRESS	(If rural give location)	- 0 1
STREET ADDRESS 901	eather ave.	907	Heather	leve.
S. NAME OF (First)	(Middle)	(Last) 4.	DATE (Month) (D	(Year)
(Type or Print) JOPHIA		Auger	DEATH: The	19 1955
RACE: WID	GLE. MARRIED. 8. DATE	OF BIRTH: 9. AGE	last birthday Trunden i vi	LAR IF UNDER 24 HRS.
A. USUAL OCCUPATION (Give kind of		11. BIRTHPLACE (State or	yrs.	
work done during most of working life, even if returnd):	OR INDUSTRY:	11. BIRTHPLACE (SIALE OF		COUNTRY!
13. FATHER'S NAME:	rome	14, MOTHER'S MAIDEN	NAME: NAME:	V. 7.11.
off	Para	7/	. + TV.	00.
S. WAS DECEASED EVER IN U.S. ARMED FORCE	ESI   18. SOCIAL SECURITY NO.	17. INFORMANT & ADDE	IESS:	ry
(Yes, no, or unk.) (If Yes, give war or de	ites	mus dian	nallyger	B 2.
1	18. MEDICAL CERTIFICAT	TION	Come Japan	INTERVAL BETWEEN
DISEASES OR CONDITIONS DIREC	TLY LEADING TO DEATH			ONSET AND DEATH
IMMEDIATE CAUSE	(A) Bylmin	ary metas	tases	144
ANTECEDENT CAUSE (8)	DUE TO			
DISEASES OR CONDITIONS, IF ANY,	(B) Osteochondr	osarcoma - r	ight Jemur	18 mos.
STATING UNDERLYING CAUSE LAST	DUE TO		•	
II OTHER SIGNIFICANT CONDITIONS	(C)			
TO THE DEATH BUT NOT RELATED	TO THE			
DISEASE OR CONDITION CAUSING	JOR FINDINGS OF OPERATION	N		20. AUTOPSY?
n				YES NO
11A. ACCIDENT WAS UNDERLYING	218. PLACE (Home, farm, fac		ty or town) (Count)	y) (State)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OF INJURY street, office bldg.,	etc. INJURY OCCUR?		
ZID. TIME (Month) (Day) (Year) (Hou	r)   21E INJURY OCCURRED While   Not while	21F. HOW DID INJURY	OCCUR?	
М	^			
22. I hereby certify that I attende	d the deceased from	had, 1949, to Jev !	4, 1955, that I last	saw the deceased
alive on 34 16, 1955,	and that death occurred at		es and on the date s	tated above.
SIGNATURE	· Winik	ADDRESS	I am. n. W. D.	SIGNED VIGILIA
23. BURIAL, CREMATION, DATE TH	W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		CATION (City, town, or	
REMOVAL (SPECIFY)	2 1955 de	1. t. C. 7. G	vince do	race ( ma
DATE REC'D BY LOCAL TREGISTR	AR'S SIGNATURE	1 4. FUNERAL DIRECTO	or-	ADDRESS

BUREAU V. E.

FEB 23 1955

BECEINED

VS. A15 8-51

I. PLACE OF DEATH: Leland Memorial Hospital USUAL RESIDENCE (HOME) OF DECEASED:  COUNTY Prince Geo. MARYLAND STATE Md. COUNTY Prince Geo. Co.  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) OR and give nearest town)  TOWN
I. PLACE OF DEATH: Leland Memorial Hospoz. USUAL RESIDENCE (HOME) OF DECEASED:  COUNTY Prince Geo. MARYLAND STATE Md. COUNTY Priceo.Co.  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)  OR and give nearest town)
COUNTY Prince Geo. MARYLAND STATE Md COUNTY Price Co.Co.  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)  OR and give nearest town)
COUNTY Prince Geo.  MARYLAND  STATE Md. COUNTY Prince Co.Co.  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) (in this place)  CITY (If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)   CITY (If outside corporate limits, write RURAL and give nearest town)
O TOWN O
Riverdale Ma 32 his TOWN Laure 4/
HOSPITAL OR (If rural, give location)  ADDRESS  (If rural, give location)
76 STREET ADDRESS beland Memorial Hosp ADDRESS 1001 5th
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year)
(Type or Print) John Frank Deck DEATH: 2 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday; IF UNDER 1 YEAR IF UNDER 24 HIS.  WIDOWED, DIVORCED. 8. DATE OF BIRTH: 9. AGE last birthday; IF UNDER 1 YEAR IF UNDER 24 HIS.
Male White (Specify): Married 8-7-81 67 yrs. Months Days mouth park
10a. USUAL OCCUPATION (Give kind of working life, INDUSTRY:) 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA
even if retired): Plumber General Constitution U.S. A
13. FATHER'S NAME:
UNKNOWN UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:  (Yes, no, or unk.) (If Yes, give war or dates of
no service) Nove 579-01-3986 Hospital Record
18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (2) Coronary Thrombosco 4 how
DUE TO
Antecedent cause(s) Diseases or conditions if any (b) William Scientific House Disease 3 week
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last
(c)
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing deuth.
19a. DATE OF OPERATION: 18b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY?
Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)  OF office bldg., etc.) INJURY
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   HOW DID INJURY OCCUR?
OF While at Not while INJURY M. work at work
22. I hereby certify that I attended the deceased from I 1955, to
alive on
DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OF COMMETORY LOCATION (City, town, or county) (State)
BURLY Specify): 2/22/1955 FORT LINCOLD COM. COLMAR MANOR PR. GO. CTY MD
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL/DIRECTOR

BUREAU V. S.

FEB 23 1955

BECEINED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

# VS. A15—10 - 53 MARGIN I

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 111838				
	1865 CERTIFICATE OF DEATH Reg. Dist. No. 231				
	CERTIFICATE OF DEATH Reg. Dist. No.				
bly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:				
and legibly	COUNTY Ten Derge MARYLAND STATE Many/on/GOUNTY				
P	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY OR and rive nearest town)  OR and rive nearest town)  OR				
87	10WN Cherenty and 1 27 ways 10WN foregold ville and 10				
rly	HOSPITAL OR STREET (If rural give location)				
clearly	STREET ADDRESS rund Des. Lov. Hope: 5100 42: Are				
	3. NAME OF (First) (Middle) (Last) (A. DATE (Month) (Day) (Year) DECEASED: OF				
death	(Type or Print) // dure DEATH DEATH J. 19 33				
of	5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR				
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS II. BURTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work dope during most of working life. OR INDUSTRY:				
can	Rever I tretired: Liminal Regular to Troy. New York W. S. a				
the	13. FATHER'S NAME:				
	George Boneslub Sarah moore				
write	15. WAR DECEASED EVER IN U.S. ARMED FORCEST 18. BOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:  (Yes, no. or unk.) (If Yes, Rive war or dates				
	of service to				
please	18. MEDICAL CERTIFICATION INTERVAL BETWEEN				
р	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
50	IMMEDIATE CAUSE (A) CONFERENCIELO TRE LIFT. DIRECTE 5 yrs.				
ciaı	ANTECEDENT CAUSE (8) DUE TO				
DISEASES OR CONDITIONS, IF ANY. (B) Gen'les-ed arfereoreles ores					
Ph	STATING UNDERLYING CAUSE LAST.				
nt.	(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING //				
important.	TO THE DEATH BUT NOT RELATED TO THE SOLVED ON THE SOLVED ON THE SOLVED S				
odi	194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION V				
	YES NO				
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory) 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bldg., etc. INJURY OCCUR?				
esp	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  OF INJURY   While   Not while				
50	M. at work L at work L				
age	22. I hereby certify that I attended the deceased from Cleg., 1954, to 15 40, 1955, that I last saw the deceased				
	alive on 18 feb , 1955, and that death occurred at 11 = HM, from the causes and on the date stated above.				
ect	SIGNATURE ADDRESS DATE SIGNED				
correct	ALON & JULIU ML)  M.D. MAY ROUNDS MA 19 FILE 55  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (Dity, town or county) (State)				
	GEMOVAL (SPECIFY) 3/ 22, 1955 Slenwood, Washington				
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   24 FUNERAL DIRECTOR - ADDRESS				
	REGISTRAR, 1905 Umanda Downey of Suscha Sons Ayallantle me				



age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1939

## CERTIFICATE OF DEATH

RE, 18 ()1839 Reg. Dist. No. 230

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY PRINCE GEORGES MARYLAND	MD	Po Gan
CITY (If outside corporate limits, write RURAL LENGTH OF ST		NTV P. GEO,
OR and over nearest town (in this place)	OR	ing give nearest town)
HOSPITAL OR	STREET (If rural give location	)
STREET ADDRESS 9//2 BALTIMORE AVE	ADDRESS 9112 BALTIMORE	ALE.
3. NAME OF (First) (Middle)  (Type or Print) CHARLES ISAIAH	BOYLE 4. DATE (Month) (Da OF DEATH: FEO. / P	y) (Year)
S. SEX:  S. COLOR OR RACE:  WIDOWED, DIVORCED, (Specify) ARRIED  WHITE	TE OF BIRTH: 9. AGE last birthday: If UNDER IN Months D	YEAR IP UNDER 24 Has. Pays Hours Min.
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS work done during most of working life. INDUSTRY:	1. 1 Ma	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	4.2.4.
Tane - A		
MATES BOYCE	SUSAN SHAWKER	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, 'no, or unk.) (If Yes, give war or dates of	14 - 1	. 1 -
4 NO service) NONE MAKNOWN	MEEK E. BOYLE- 9112 BALTO	MORE MUE.
18. MEDICAL CERTIFIC	ATION DEZU	18N 190
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
443X	cid dus fricin	Junes string Death
integrate cause (a) commonweappears and	e of derentations)	
Antecedent causes (s) Diseases or conditions, if any,	ezed attensclas.	
giving rise to the above cause stating the underlying cause last.	4	************************
(c) Ayfut	enettest Dans	
11. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY ?
		Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, structure in the structure of the struct	reet, (CITY OR TOWN) (COUNTY)	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?	
At Work		
22. I hereby certify that I attended the deceased from 7-4		
alive on 2 / , 19 ), and that death occurred at	3:45P. M. from the causes and on the date	stated above.
SIGNAPURE (Dégree or Mile)	ADDRESS O	ATE SIGNED
CO. Dues	Mother level	2/12
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME		(State)
THURIAC YED ZYTTOO TORT KIN	1 100-110	· Parky
REGISTRAR	24. FUNERAL DIRECTOR	ADDRESS
Hernary 19-1955 Was al mitte	con wil HAMBERS CO- A loss	DACETED

VS. A15

BUREAU V. S.

DECENALD

3 V ULLINI

FEB.

The correct age

# 1867

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

()1841 Reg. Dist. No. 23 /

CITY (If outside corporate limits, write RURAL and give nearest tow.) OR give nearest town) TOWN Cheverly HOSPITAL OR INSTITUTION OR 5806 Dewey Street  3. NAME OF DECEASED (If rural, give location) TOWN Cheverly HOSPITAL OR INSTITUTION OR 5806 Dewey Street  3. NAME OF DECEASED (If rural, give location) OR ADDRESS 5806 Dewey Street  3. NAME OF DECEASED (If rural, give location) OF DECEASED (If rural, give location) OF DECEASED (If rural, give location) ADDRESS 5806 Dewey Street  3. NAME OF DECEASED (If rural, give location) OF DEVELOPMENT OF STREET ADDRESS 5806 Dewey Street  3. NAME OF DECEASED (If rural, give location) OF DEVELOPMENT OF STREET ADDRESS 5806 Dewey Street  3. NAME OF DECEASED (If rural, give location) OF DEVELOPMENT OF STREET ADDRESS 5806 Dewey Street  3. NAME OF DECEASED (If rural, give location) OF DEVELOPMENT OF STREET ADDRESS 5806 Dewey Street  3. NAME OF DECEASED (If rural, give location) OF DEVELOPMENT OF STREET ADDRESS 5806 Dewey Street  3. NAME OF DECEASED (If rural, give location) OF DEVELOPMENT OF STREET ADDRESS 5806 Dewey Street  3. NAME OF DEVELOPMENT OF STREET ADDRESS 5806 Dewey Street  3. NAME OF DEVELOPMENT OF STREET ADDRESS 5806 Dewey Street  4. DATE (Month) (Day) OF DEATH February 16th, William of STREET ADDRESS 5806 Dewey Street  4. DATE (Month) (Day) OF DEATH February 16th, William of STREET ADDRESS 5806 Dewey Street	rges			
OR give pearest town).  TOWN Cheverly  HOSPITAL OR INSTITUTION OR 5806 Dewey Street  STREET ADDRESS 5806 Dewey Street  ADDRESS 5806 Dewey Street  STREET ADDRESS 5806 Dewey Street				
HOSPITAL OR INSTITUTION OR 5806 Dewey Street  STREET ADDRESS 5806 Dewey Street  3. NAME OF DECEASED (Middle) (Last) 4. DATE (Month) (Day) OF DECEASED (Type or Print) JAMES WEBSTER BREWER DEATH February 16th, SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Sext 20 2000 64 Months Days Hour	,			
DECEASED (Type or Print) JAMES WEBSTER BREWER OF DEATH February 16th,  5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE Junder 1 year   Jun				
(Type or Print) JAMES WEBSTER BREWER   DEATH February 16th,  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9. AGE last birthday   1 under 1 year   1 unde	(Year)			
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, Whole Widowed, Divorced, Widowed, Divorced, Widowed, Divorced, Sont CO. Co. Co. Months Days Hour	19 55			
(Specify)WATTER DOPUSES, 1030 OF ym.	r 24 hrs.			
	WHAT			
13. FATHER'S NAME				
Charles Brewer Virginia Campbell				
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. 17. INFORMANT (Yes. np., or unknown) (II yes, give war or dates of 578-28-1201-1 Mary E. Howze, 5806 Dewey Street NO.	,			
18. MEDICAL CERTIFICATION Uneverly, Man				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
The same and the s				
Immediate cause (a) Liente congestive heart failure  Antecedent cause(s) Diseaser or conditions, if any, (b) Aspertunsine, arterios claratic				
Antecedent cause(s)				
Diseases or conditions, if any, (b) Appuluouse, arrives electic				
stating the underlying cause last				
- mark ousease				
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not				
related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOF	3Y?			
Yee 🗋	No No			
21. EXTERNAL CAUSE WAS PRIMARY DOR CONTRIBUTING DOR CONTRIBUTING DISTRIBUTING DISTR	)			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?  OF While at Not while				
INJURY m. work at work				
INJURY m. work at work				
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry to thereon and from the evious abtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my aninion res	ence			
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evious obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion restrom: natural causes , occident , suicide , homicide , undetermined .				
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry to thereon and from the evious abtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my aninion res				
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evious obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion restrom: natural causes , occident , suicide , homicide , undetermined .				
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry to thereon and from the evi obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion rest from: natural causes , occident , suicide , homicide , undetermined .  SIGNATURE (Degree m title) ADDRESS  DATE SIGNATURE  ADDRESS	NED			
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , thereon and from the evious obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion restrom: natural causes , occident , suicide , homicide , undetermined .  SIGNATURE  (Degree or title)  ADDRESS  DATE SIGNATURE  23. BURIAL. CREMATION   DATE TREREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county) (SPECIAL Specify)   Feb. 19/1955   Fort Lincoln Cemetery   Colmar Manor, Pr. Geo.	NED			
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry to thereon and from the evi obtained by said Autopsy, Inspection or Inquiry, find that said decrased died on the day stated above, and death in my opinion rest from: natural causes , occident , suicide , homicide , undetermined .  SIGNATURE  DATE SIGNATURE  DATE SIGNATURE  13. BURIAL, CREMATION DATE TREREOF , NAME OF CEMETERY OR CREMATORY LOCATION (City, tuwn, or enunty) (S. BURIAL, CREMATION DATE TREREOF , NAME OF CEMETERY OR CREMATORY LOCATION (City, tuwn, or enunty) (S. REMOVAL (Specify) , Peb 19/19/55   FORT , LINCOLD COMMETERY   COLTURE   LOCATION (City, tuwn, or enunty) (S. REMOVAL (Specify) , Peb 19/19/55   FORT , LINCOLD COMMETERY   COLTURE   LOCATION (City, tuwn, or enunty) (S. C.	NED			



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

VS. A15-10-53

The

Supply every item of information carefully.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1868

## CERTIFICATE OF DEATH

Reg. Dist. No. 25

	2000	
5	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED
legibly	COUNTY PRINCE DEORGES MARYLAND	STATE MARYANA COUNTY / LEARGES
	CITY (If outside corporate limits/write RURAL LENGTH OF STAY	CITY If outside corporate simits, write RURAL and give nearest town)
and	38 TOWN Chevery (in/this place)	TOWN Int. KAINIER 16
	HOSPITAL OR	STREET (If rural give location)
clearly	17 STREET ADDRESS PLICE GLARGE Str. Hascital	4212 FAIRICE Ave
		(Last)   4. DATE (Month) (Day) (Year)
death	(Type or Print) Jeseph P. Buk	9055 DEATH: Jeb. 16 19 55
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, B. DATE WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER EYEAR IF UNDER 24 HRO.
Jo		12.02 5Z yrs. Months Days Hours Min.
causes	OA USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS OF Working life. ) OB INDUSTRY	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
can	Jork done during most of working life. Josh, Linux Yull	n.C. M.S.a.
the	13 FATHER'S NAME:	14. MOTHER'S MAIDEN NAME
	Dengamin Burges	- angenown A
write	IS WAS DECEMBED EVER IN U.S ARMED FORCEST 16 SOCIAL SECURITY NO.	42/3 - Rainier ave
	of service) 2-54-10-7119	mp. Rainier md.
ease	18. MEDICAL CERTIFICAT	
p	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
: \$1	IMMEDIATE CAUSE (A)	y Manbosis / hour
Physicians	ANTECEDENT CAUSE (8)	N L 1 4 4 + 0 12
ysi	DISEASES OR CONDITIONS, IF ANY. (B)	Anterioschaotic MEARL VITEME :
Ph	STATING UNDERLYING CAUSE LAST	101.1
nt.	TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	zed MAterioSchos.T
important	TO THE DEATH BUT NOT RELATED TO THE	Dearner Ation Obiusa. ?
odu	DISEASE OR CONDITION CAUSING DEATH. 17/14 1	N 6 20. AUTOPSY?
-E	1 -	YES NO T
11Jy	21A. ACCIDENT WAS UNDERLYING   21B PLACE (Home, farm, fac	
especially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?
dsa	21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
872	M. at work at work	
90	22. I hereby certify that I attended the deceased from 2//-	5 ,1955, to .2 -/ (2, 1955 that I last saw the deceased
62	alive on 0,-16, 1955, and that death occurred at	
ect	SIGNATURE	ADDRESS, 1 DATE SIGNED
correct		ERY OR CREMATORY   LOCATION (Ct), town, or county) (State)
9	REMOVAL (SPECIFY) 2/14/5 Maklevon	A 0 1 A/1 A
	DATE REC'D BY, LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL PIRECTOR! Devel O ADDRESS 9
	REGISTRAR 7/55 / Smander Dawney	3200 - Rest due me Paince No



BUREAU V. 5

SET E 84M



CITY (If outside corporate lights, write RURAL OR and sive hearest town)

COLOR

USUAL OCCUPATION (Give kind of work done during most of work life,

AS DECEASED EVER IN U.S. ARMED FORCES ?

II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH;

(a).... DHE TO

(b).

no, or unk.) | (If Yes, give war or dates of service)

I. PLACE OF BEATH:

HOSPITAL OR

DECEASED:

3. NAME OF

5. SEX:

→INSTITUTION OF

(Type or Print)

10a. USUAL OCCUPATION

Immediate cause

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last

even if retired):

13. FARHER'S NAME

STREET ADDRESS

MARYLAND

SINGLE, MARRIED

WIDOWED DIVORCED,

16. SOCIAL SECURITY NO .:

ENDUSTRY:

LENGTH OF STAY

(in this place)

(Year)

12. CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

19 5 5

No.

(Day)

2. USUAL RESIDENCE (HOME) OF DECEASED:

4. DATE

OF

DEATH

COUNTY

(State or foreign country):

(If outside corporate limits write RURAL and the nearest town)

(If rural, give location)

(Month)

9. AGE last birthday: IF UNDER I YEAR | IF UNDER 24 HRS.

Months

STATE

CITY

OR TOWN

STREET

(Last)

8. DATE OF BIRTH:

18. MEDICAL CERTIFICATION

ADDRESS

11. BIRTHPLACE

14. MOTHER'S MAJDEN NAME:

17. INFORMANT & ADDRESS:

	DISEASE OR CONDITION CAUSING DEATH.	
	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
		Yes 🗌 No 🔣
	21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, Jarm, factory, 21c. (County) PRIMARY For CONTRIBUTING OF street of the bldg etc.	(State)
	CAUSE OF BEATH. INJURY Street BOWL - 1 Sto -	ma
	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While at Not while	man box
	MJURY 2 - 2 - 55 1230M. work at work of mobile par will entrance	direct.
	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [],	Inquiry , ar
	find that death resulted from: Natural causes 🗌 , Accident 🔀 Suicide 🗎 , Homicide 🗀 , Undeter	nined cause [
	SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
1	John Holmen Anattrick md M. D. ASSISTANT MEDICAL EXAM.	2-3-55
	23. HURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or cou	nty) (State)
/	Berry Peh 5,955 Ferbins Chalel Cemeters Barnie, Mr.	angeans
-	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24, FUNERAL PREGTOR	ADDRESS
	to 4 - 50 Umandas revenen de With Handdom Kaine	I had
1		
	2/1/55	

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18)1846

1869 CERTIFICATE OF DEATH Reg. Dist.	No. /
COUNTY PLANE COUNTY PLANE CITY HI outside corporate limits, write RURAL LENGTH OF STAY (in this place)  OR PROVIDE COUNTY PLANE CITY II outside corporate limits, write RURAL at (in this place)  OR TOWN ON RAILLE  HOSPITAL OR INSTITUTION OR STREET ADDRESS 4300-29% ALLEL  STATE OLD COUNTY PLANE CITY III outside corporate limits, write RURAL at (in this place)  TOWN ON RAILLE STREET (If rural give Jocation)  ADDRESS 4300-29% ALLEL	2 Linge
DECEASED. (Type or Print)  5. SEX:  6. COLOR OR 7. SINGLE, MARRIED. WIDOWED, DIVORCED. WIDOWED, DIVORCED. (Specifymaria)  104 USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS 11 BIRTHELACE (State or foreign country): 112	EAR IF UNDER 24 HRe ays Hours Min.
Samuel a. Com  15. WAR DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service)  16. BOCIAL SECURITY NO.  17. INFORMANT & ADDRESS: 4430  Hellu L. Com  18. Com  19.	0- 29 th. M. Raining H.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (5)  DISEASES OR CONDITIONS, IF ANY, (B)	ONSET AND DEATH
STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, factory, OR COURT OF INJURY OCCUR?  OF INJURY OCCUR?  While Not while at work at work at work	yes No (State)
alive on . 10.24., 1955, and that death occurred at 3 AM, from the causes and on the date s  SIGNATURE  ADDRESS  DAT  M. D. M. Camer Md 2.  23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or  REMOVAL (SPECIFY)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NAME OF CEMETERY OF CREMATORY Colonian The  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NAME OF CEMETERY OF CREMATORY COLONIAN THE	stated above. E SIGNED
	1. PLACE OR DEATH:  COUNTY JUNE 1.  COUNTY JUNE 2.  COUNTY JUNE 1.  COUNTY JUNE 1.  COUNTY JUNE 1.  COUNTY JUNE 2.  COUNTY JUNE 1.  COUNTY JUNE 1.  COUNTY JUNE 1.  COUNTY JUNE 2.  COUNTY JUNE 1.  COUNTY JUNE 2.  COUNTY JUN



No. (Year) 19\_5 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. Months 12. CITIZEN OF WHAT INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? Yes No 🗆 (State) Undétermined cause []. DATE SIGNED (State) ADDRESS

5 1 6 77

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220

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

## CERTIFICATE OF DEATH

01848

	Reg. Dist. No	***********			
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY FRINCE GEORGES MARYLAND	STATE D. C. COUNTY				
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give n	earest town)			
TOWN 4 6 97730, LLE 4 1'RS.	TOWN WASHINGTER	"X-			
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	11 / .			
STREET ADDRESS JACKED HEART FIEME	ADDRESS 14-18 GIRARD OT. 1	1.10.			
3. NAME OF (First) (Middle) DECRASED TIGLON I SPOR	Chilen 4. DATE (Month) (I	Day) (Year)			
(Type or Print) 11011011	DEATH 2	2 19-5.			
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under I ye	ar   If under 24 hrs			
TEMALE WALTE (Specify) W DOWED	1 2 26 10 0 T ym.	ays Hours Min.			
10a. USUAL OCCUPATION (Give kind of work 10b. Kind or Business or done during most of working life, even if retired) INDUSTRY		ITTEEN OF WHAT			
RETIRED SALESLADY	1 1/A3 #1. D. C.	Challe			
IN FAIRBUS NAME					
15. WAS DECRASED EVER IN U.S. ARMED FORCES!   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS				
(Yes, no, or unknown) [II yes, give war or dates of					
/ L ( lectvice)	DACRED HEART HOME LECORDS				
18. MEDICAL CE		TERVAL BETWEEN			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	NEET AND DEATH			
Immediate cause (a)_coronary thrombo	7616	3 days			
Immediate cause 1911-001 01142 g 0111 01101		Late Mary Line			
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	giving rise to the above cause				
II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not					
related to the disease or condition causing death.  19a, DATE OF OPERATION   19b, MAJOR FINDINGS OF OPERATION		O. AUTOPSY1			
	\ ^	a. AUTUPSTI			
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes   No			
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	(COUNT) (COUNT)	(SIAIL)			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR!				
OF INJURY  m.   While at Not While   Not While   At work					
22. I hereby certify that I attended the deceased fromSopt	1. 19 53 to 2/2 1955 that I last same	Ab. 33			
alive onFeb					
SIGNATURE TO Calling M D 322- H. St. n. w. Was function & B. DATE SIGNED					
chones / Calles MV	Dan II. W. II.W. was punglin W.D.	0,10,155			
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	BY OR CREMATORY   LOCATION (City, town, or county)	(State)			
	ILL WASHINGTON	D. (0)			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	DORESS			
1-1867 1958 Jesung iliting	Trancis Callens 3821-14.26	X1. 140.			
4	work,	xelo.			

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VS. A15

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1910	()1849
MARYLAND STATE DEPARTMENT OF	HEALTH-BALTIMORE, 18 Reg. Dist.
MEDICAL EXAMINER'S CER	CTIFICATE OF DEATH No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MARYLAND	STATE WA. COUNTY PA 12 242
CITY (If outside corporate limits, writ RURAL CENGTH OF STAY OR and give nearest town)	OR TOWN I
HOSPITAL OR STREET ADDRESS 803 - 6 DO CO.	STREET (If rural give location)
3. NAME OF DECEASED: (Type or Print) (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 4. 0 19 5 5
5. SEX: 1 6. COLOR OR 1 SINGLE, MARRIED. 1 8. DAT	
(Specify): W. Some 14 Can	1890 64 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS Of work done during most of work life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Yanonby	many!
15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:
service) _ home	Merch William Same on # 2
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a) Leading to death;	AL CERTIFICATION INTERVAL BETWEEN ONSET AND DRATH
DUE TO	
Antecedent cause(s) Diseases or conditions, if any, (b)	when disease
giving rise to the above cause DUE TO	
stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Lelis
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes \( \text{No} \( \text{No} \)
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc. CAUSE OF DEATH	7, 21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work \[ \begin{array}{cccccccccccccccccccccccccccccccccccc	211. HOW DID INJURY OCCUR?
	bed above, held an Autopsy [], Inspection [], Inquiry [], and
find that death resulted from: Natural causes X. Acci	dent [], Suicide [], Homicide [], Undetermined cause [].
SIGNATURE Office Office Chanton Chanton Chanton Chanton	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
A. BURIAL, CREMATION, DATE HEREOF NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S LIGNATURE	24. FUNERAL DIRECTOR AMDRESS
Carried & Carrello	14. V. Marie Con Theory

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH.	2. USIAL RESIDENCE (HOME) OF DECEASED.			
COUNTY Prince George MARYLAND	STATE COUNTY			
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN UXON H111 (in this place)	TOWN Washington, D.C. 47X			
HOSPITAL OR	STREET (If rural, give location)			
INSTITUTION OR 5414-Wheeler Rd.	ADDRESS 3411 Brothers Pl., S.E.			
STREET ADDRESS				
S. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)			
(Type or Print) GRACE M.	CURRY DEATH Feb. 5th 1955			
6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday   If under 1 year   If under 24 hrm.			
Female White WIDOWED, DIVORCED, (Specify) Widow	Jan. 1. 1894 61 yrs. Months Days Hours Min.			
19a, USUAL OCCUPATION (Give kind of work   19b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT			
done during most of working life, evon if retired) INDUSTRY	COUNTRY?			
13. FATHER'S NAME	New York			
Edmund J. Badger	Ida Northrop			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? † 16. SOCIAL SECURITY NO.	18 ENDODRANT			
(Yes, no, or unknown) [ (If yes, give war or dates of	17. INFORMANT AND ADDRESS Donald R. Curry			
service)	3356Brothers pl., S.E., Wash. D.C.			
18. MEDICAL CE				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH			
Immediate cause (a) Carlinama, ge	negatived Melastalic from			
inimediate cause	nesalized metastatic from 3 mas.			
Antecedent cause(s)	. J. Tract Malegnance. Imas.			
Diseases or conditions, if any, (b)	The term of the second			
giving rise to the above cause  stating the underlying cause last				
(c)	i de la companya de			
11. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	Chloratory lap hiver liapsy. 120. AUTOPSY?			
Dia 22 IRAL ALDA	O: O o hust to			
	generalized metastases You 1 No 10			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(COUNTY) (STATE)			
HOMICIDE INJURY	,			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?			
OF While at Not While INJURY m. Work At Work				
10-72	2/ 70 ~ ~~			
22. I hereby certify that I attended the deceased from 1957, to TEL. 5, 1955, that I last saw the deceased				
	155			
alive on 2!, 19.3.3., and that death occurred at.				
alive on 1955, and that death occurred at				
11/1 ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11. (Pin 1 1 Karas : W To ) Sm3-Navine Kd Siz WASHINGTON DC telesion			
Median 11.1 esseule Mig. Worker 16. 0. portor 100 p.c. 1003/15.				
TO DESCRIPTION OF THE PROPERTY OF OR OTHER PROPERTY OF THE PRO	DY ON COUNTY TORY HOSE TION (C)			
	RY OR CREMATORY LOCATION (City, town, or county) (Swite)			
REMOVABUSTEID   Feb. 8, 1955   Cedar Hill	Cemetery Suitland Md.			
	Cemetery Suitland Md.			
REMOVABUSTEID   Feb. 8, 1955   Cedar Hill	Cemetery Suitland Md.			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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	The	
M	OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The	e is especially important. Physicians: plemsm writm thm causes of death clearly and legibly.
	informa	clearly
	item of	of death
NG	y every	causes
MARGIN RESERVED FOR BINDING	Supply	ritm thm
FOR	INK	W S
KVED	DING	ple
RESER	UNFA	sicians:
RGIN	WITH	Phys
MAI	LY, V	ortant
	AIN	imp
I)	E PI	cially
	WRIT	espe(
4	OR	e is

	0	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 01001					
	7. The	1912 CERTIFICATE OF DEATH Reg. Dist.					
1	refully gibly.	1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASE	D:			
	careful	county Prince Georges MARYLAND	STATE Maryland, COUNTY Prince	e Georges			
	ca les	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITYII outside corporate limits, write RURAL	ing give nearest town)			
T.	and	OR and give nearest town) (in this place)	or Town Suitland	- شه			
	ati.	TOWN Andrews AFB Wash 25 DC Unknown	STREET (If rural give location)				
	information	STATEST ADDRESS 1401st USAF Infirmary (MATS)	ADDRESS 3106 Parkway Terrace				
	inf	3. NAME OF (First) (Middle)	Lasti 4. DATE (Month)	Day) (Year)			
	of ath	(Type or Print) Mary Lou De	lony OF DEATH: Feb	22 1955			
	item of de		OF BIRTH: 9. AGE last birthday   F UNDER 1				
	uary 1955   yrs.   1	Ays Hours Mln.					
Ö	causes	OA USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?			
Z	ly c	13. FATHER'S NAME	WRAH-Washington 12, D.C.	USA			
Z	Supply	Henry D. Delony Jr.					
BI		18. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	Mary Joy Hammond	2 T.			
× ×		(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS: Henry D. Delony Jr.				
F		I No of service) NA NA	3106 Parkway Terrace, Suitland				
8	ADING IN	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ion	INTERVAL BETWEEN			
<b>≥</b>	DI	72/ Asphyxiatio	n	Undetermined			
菌	IFA ans	IMMEDIATE CAUSE (A)					
even if retired):    WRAH-Washington 12. D.C.     13. FATHER'S NAME:   14. MOTHER'S MAIDEN NAME.     Henry D. Delony Jr.   Mary Joy Hammond     15. Was Deceased even in U.S. Armeo Forcest   15. Social Security No.   17. Informant a address: Henry D. I     15. Was Deceased even in U.S. Armeo Forcest   15. Social Security No.   17. Informant a Address: Henry D. I     16. Medical Certification   3106 Parkway Terrace, Suitland     16. Medical Certification   18. Medical Certification     17. Informant a Address: Henry D. I     18. Medical Certification   18. Medical Certification     19. Mary Joy Hammond   17. Informant a Address: Henry D. I     10. Informant a Address: Henry D. I     11. Observe or Conditions Directly Leading to Death     12. Medical Certification   18. Medical Certification     13. FATHER'S NAME:   14. Mother's Maiden NAME.     14. Mother's Maiden NAME.   18. Medical Security No.   17. Informant a Address: Henry D. I     17. Informant a Address: Henry D. I     18. Medical Certification   18. Medical Certification     18. Medical Certification   19. Mary Terrace, Suitland     18. Medical Certification   19. Mary Terrace, Suitland     19. Mary Joy Hammond   17. Informant a Address: Henry D. I     18. Medical Certification   18. Medical Security No.   19. Mary Terrace, Suitland     18. Medical Security No.   18. Medical Security No.   19. Mary Terrace, Suitland     18. Medical Security No.   19. Mary Terrace, Suitland   19. Mary T				Dead on			
ケ	Prince 1	DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE  DUE TO					
63	WITH	STATING UNDERLYING CAUSE LAST.					
A.R.	W nt.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
M	K,	TO THE DEATH BUT NOT RELATED TO THE					
	AINLY, Wimportant.	DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION					
1	YES 1909						
	PL lly	21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bldg., etc. INJURY OCCUR? (If EITHER. NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
	WRITE especia						
	/R]	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while					
1.4	90	M. at work at work					
-	ge is	22. I hereby certify that I attended the deceased from , 19. , to . , 19 . , that I last saw the decease					
en to	(E) (6)	alive on , 19 , and that death occurred at 1738 Hrs. from the causes and on the date stated above.					
- 0	TYP]	SIGNATURE / ADDRESS DATE SIGNED					
1		(1) Lelmow D. Maken " of Mile) andrews AFB 22 February 1955					
10	02 0	REMOVAL (SPECIFY)	RY OR CREMATORY LOCATION (City, town, or	county) (State)			
A15	EA	Removal 123 Feb 55 Unknown	Unknown				
υź	F	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR 816 H St.	ADDRESS N.E.			
>90	1159	2 V 99V Margaret & Wilher	Rinaldi Fun. Home, Inc. Washing	ton D.C.			
	, 0-						

BUREAU V. S.

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1913 CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Prince Georges  CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWNAndrews Air Force Base  3 Years	STATE Maryland COUNTY Prince Georges  CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Visiting Officers Quarters
HOSPITAL OR INSTITUTION OR 1401st USAF Infirmary (MATS)	STREET (If rural give location)
3. NAME OF (First) (Middle)  DECEASED: Melvin George  5. SEX:  6 COLOR OR  7, SINGLE, MARRIED.   8, DA	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Feb 1 1955
M Cau (Specify): Married 13 Fe	TE OF BIRTH:  9. AGE last birthday   F UNDER 1 YEAR   F UNDER 24 Hes.  2bruary 1912   42 yrs.   Months   Days   Hours   Min.
OA USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Major  USAFRes	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Spokane, Washington USA
13, FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Doran	Unknown
IS. WAS DECEASED EVER IN U.S. ARNED FORCES?   15. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
Yes, no, or unk, (If Yes, give war or dates Yes of service) 11 Years Unknown	USAF Military Records
18. MEDICAL CERTIFIC	ATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	s, Coronary Artery, Left Undetermined
ANTECEDENT CAUSE (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	ION
	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office blocking the contribution of the	factory, 21c. WHERE DID (City or town) (County) (State) ig., etc. INJURY OCCUR7
21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office blocking of CAUSE OF DEATH OF INJURY street, office blocking in the control of Injury of Inj	21F. HOW DID INJURY OCCUR?
	, 19, to, 19, that I last saw the deceased
	at2121 PM, from the causes and on the date stated above.  ADDRESS DATE SIGNED
W. G. face, 1st Lt., USAF (MC)	M.D. 1401st USAF Infirmary 1 Feb 55
REMOVAL (SPECIFY)	ETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 9 Feb 55 Greenwood	
REGISTRAR 2/15/55 Margaret E. Wilbur	Rinaldi Funeral Home, 816 H St NE, Wash Do

OR WRITE, PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

PLEASE TYPE

MARGIN RESERVED FOR BINDING

2 .V L.

Mr.



## CERTIFICATE OF DEATH

COUNTY Trues Langes MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY ROLL.
CITY (If outside corporate lines, write RUIT) and LENGTH OF STAY (or this mate)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
/X INSTITUTION OR James Semilaring	STREET ADDRESS 3/00 E. Morriment 44,
3. NAME OF DECEASED (First) COOPER (Middle) EL	LL/OTT 4. DATE (Month) (Day) (Year) OF DEATH 2 7 1950
5. SEX   6. COLOR R RACE   7. STYGER, MAINTED, WIDOWED, DIVORCED, (Specify)	5-23-/883 9. AGE last birthday If under, 1 year If under 24 hrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of both life, even if retired)  10b. Kind of Business on Industry	11. BIRTHPLACE (Store or foreign country)  12. Citizen of What Country?
13. FATHER'S NAME Ellist	14. MOTHER'S MAIDEN NAME  MUTAULT WOLF
15. WAS DECEADED EVER IN U.S. ARMED FORCES?  (Yel, ho, o' unknown) (If year, give war or dates of service)  (If year, give war or dates of service)	The Ellist Bills my
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Chrone My	ocardles 1 year
Antecedent cause(s)  Diseases or conditions, If any, (b) Chronic Eu-	drematic "
giving rise to the above cause stating the underlying cause last (c) Sureral 4 Ce	rebral anteriore brossis Several years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discuss or condition causing death.	
198. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOFSY? Yee No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from. 12-2	, 19.57 to 2-7-, 19.55, that I last saw the deceased
alive on	ADDRESS DATE SIGNED
23. BURYAL, CREMATION DATE NAME OF CEMETE	CRY OR CREMATORY   LOCATION (City, todin, or county) (State)
BURIAL (Specify) FEB 11.1955 BALTIMO)	- Anna Anna Anna Anna Anna Anna Anna Ann
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	VILLRICH FUNERAU HOME HAN BELAKA PO



PLEASE TYPE

A15-

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1873 CERTIFICATE OF DEATH

Reg. Dist. No. 23/...

01855

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Prince Georges MARYLAND	STATE Md. COUNTY COCK GEOMES
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	
2 OR and gave nearest town) (in this place)	OR
D8TOWN Cheverly	TOWN Bowel, Md X
HOSPITAL OR 77 INSTITUTION OR	STREET (If rural give location)
STREET ADDRESS / rince Georges Gen, tosp.	323-97 14-4
	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: T	OF .
	dung DEATH: 2 /2 1955
5. SEX- 6. COLOR OR 7 SINGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday, IF UNDER 1 YEAR IF UNDER 14 HRS.   Months   Days   Hours   Min.
Male White (Specify): Mirried Jul	128, 1990 64 vrs Months Days Hours Min.
10A USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done duping most of working life OR INDUSTRY:	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
13. PATRERS NAME:	7
Yoseleh Ladung	Mary Ventsch
13. WAS DECEASED EVER IN U.S ARMED FORCEST 18. SEQUELY NO.	17. INFORMANT & ADDRESS:
(Yes, do or unk.) (If Yes, give war or dates	Caroli Llaulum Same on #2
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
15-5-X	
IMMEDIATE CAUSE (A) HEDATIC	TA: lure 3 wks.
ANTECEDENT CAUSE (8' DUE TO	1 1 hepartiz ducto
DISEASES OR CONDITIONS, IF ANY, (B) LEADING IC.	abstace tion of pickfelet 3 colo
GIVING RISE TO THE ABOVE CAUSE DUE TO A L	
STATING UNDERLYING CAUSE LAST.	. 0 (i) 17 R1. 1.1 \ )
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	non Any MAIL VIANCE
TO THE DEATH BUT NOT RELATED TO THE	6 ()
DISEASE OR CONDITION CAUSING DEATH.	
194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
4	YES NO
21A ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory 21c. WHERE DID (City or town) (County) (State)
210. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY M. While Not while at work at work	
22. I hereby certify that I attended the deceased from 1/3/	, 1955, to 2/12/1955, that I last saw the deceased
alive on 1/1-/, 1955, and that death occurred at	
Mormen Doug Cemeber	1. D. 3503 Piny IV mT Ramer and 2/12/55
	ERY/OR CREMATORY   LOCATION (City, town, or county) (State)
PREMOVAL (SPECIFY)	The Country Bourse Del
(Source Ma C)	The way was a second
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIFFECTOR ADDRESS
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	+ Thanka some of the land so the



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	1874 CERTIFICATE	OF DEATH	Reg. I	Dist. No. 442
oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE	(HOME) OF DECEA	SED:
clearly and legibly	COUNTY TINCE GEORGES MARYLAND  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)  TOWN (in this place)  HOSPITAL OR INSTITUTION	STATE Mary/4 CITY(If outside corpor OR TOWN Jepen STREET ADDRESS		AL and give nearest town;
the causes of death	DECEASED: (Type or Print)  5. SEX:  6. COLOR OR 7. SINGLE, MARRIED, 8 DATE COLOR OR RACE: (Specify): Widower J. Lovae	rebs.		Days Hours Mln.
write	18. WAS DECEASED EVER IN U.S. ARMED FORCES? (S. SOCIAL SECURITY No. (Yes, no, or unk.) If Yes, give war or dates of service)	17. INFORMANT & ADI	DRESS:	
important. Physicians: please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  HARDIATE CAUSE  ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	iliz Tower	Etremih Etremih E Dypah	INTERVAL BETWEEN ONSET AND DEATH
is especially im	21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., et (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  M. 21E INJURY OCCURRED While at work at work	y. 21 WHERE DID (C. INSURY OCCUR?		20. AUTOPSY? YES NO Dunty) (State)
correct age	22. I hereby certify that I attended the deceased from  alive on SIGNATURE,  23. BURIAL CREMATION.  BEMOVAL (SPECIFY)  DATE THEREOF  DATE REC'D BY LOCAL  REGISTRAR'S SIGNATURE  REGISTRAR'S SIGNATURE  REGISTRAR'S SIGNATURE	A. M. from the car ADDRESS 9/5-19-	uses and on the day  A. N. W -  OCATION (City, town,  The analytical	3//35 or gounty) (State)  ADDRESS 264

A15-VS.

PLEASE TYPE

OR WRITE BLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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RESTER

BUREAU V. S.

The controls

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PLEASE TYPE

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01858

1914 CERTIFICATE OF DEATH

Reg. Dist. No. 244

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY PRINCE GORGE MARYLAND	STATE MD. COUNTY PRINCE HOURGE
OR and give nearest town)  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town)
X TOWN HILLSIDE 12 YEARS	TOWN HILLSIDE. X
HOSPITAL OR	STREET   If rural give location) /
INSTITUTION OR STREET ADDRESS	ADDRESS 1207-55ZA AVE
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) LUCY MAI	ARY DEATH: FRB 13 1955
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRE.
TEMALE White Specify 1/1 Dowes Oct /	5 1881 73 yrs. Months Days Hours Min.
WORK done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
even if retired): House Clife	South DAKOTA. U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
(Vinknoun) TRAKER	Maggie. E DAKER
(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS! The Thompson
4 Josephiel Nine	Tome of Brone & Sawishter.
18. MEDICAL GERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) MYOCArdial	HEART DISEASE WITH CONGESTED 1 YEAR
DUE TO	The state of the s
ANTECEDENT CAUSE (8) -AILUR DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
2	YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from J.A.N.	20, 1955, to FEBIA, 1955, that I last saw the deceased
alive on . Full., 1950, and that death occurred at SIGNATURE	7:204M, from the causes and on the date stated above.
	1.0. 4400 Bower Ref SE Feb 13, 1955
BEMOVAL (SPECIFY) 1 0 11 1025 MIL	ERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	247 FUNERAL DIRECTOR SOME CO ADDRESS
MEGISTRAR LOCAL COLONIA	( William Dely sono

BUREAU V. S.

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1876	n40En
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Hegl Dish !
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 245
PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY COUNTY COUNTY OF	w
OR and give meanest twen)  LENGTH OF STAY OR and give meanest twen)  LENGTH OF STAY OR TOWN OR TOWN OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR ADDRESS R. R. CARRING	8/
NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) (Day OF DEATH 2 - 20	(Year)
Male White (Specify): Div. 12-26-1909 45 yrs. Months Ds	RYS Hours Min.
work done during most of tork life, even if retired with dian Country shool attenta, Georgia D	COUNTRY!
FATHER'S NAME?	
5. WAS DECEASED EVER IN U.S. ARMED FORCES ?! 16 SOCIAL SPELIPTY NO. 1 17 INFORMANT & ADDRESS.	
5. WAS DECEASED EVER IN U.S. ARMED LORGES 7 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Yes, no, or unk.) (If Yes, give war or defees of the service)	11
The state of the s	address
18. MEDICAL CERTIFICATION	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause  (a) Lemonha ge & shock  Due to	
Immediate cause  (a) Amortha ge & shock  Due to  Antecedent cause(s)  Diseases or conditions. If any.  (b) Multiple fractures of head, face &	
Immediate cause  (a) Amorthage & shock  DUE TO  Antecedent cause(s)	
Immediate cause  (a) Amortha ge & shock  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO  Stating underlying cause last  Antecedent cause (s)  Antecedent cause(s)  DUE TO  Siving rise to the above cause DUE TO	
Immediate cause  (a) Amortha ge & shock  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) body  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
Immediate cause  (a) DUE TO  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause DUE TO  stating underlying cause last (c) CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  (a) DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  (a) Antecedent cause(s)  (b) Multiple fractures of head, face of the stating underlying cause last (c) CONTRIBUTING  (c) CONTRIBUTING  (d) Antecedent cause(s)  (e) Multiple fractures of head, face of the stating underlying cause last (c) County)	ONSET AND DEATH
Immediate cause  (a)	ONSET AND DEATH  20. AUTOPSY? Yes \( \text{No } N
Immediate cause  (a)  DUE TO  Antecedent cause(s)  Diseases or conditions, if any, (b)  Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  (a)  DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  CAUSE OF BEATH.  (d) TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCURRED OF INJURY 2 - 20 - 55 - 9.0) M. Work at work 1 at work 1 work 1 at work 1 at work 1 work 1 inspection T.  (2)  Line (Line (Month) (Line	20. AUTOPSY7 Yes No. No. (State)  Inquiry 7, and
Antecedent cause (a) DUE TO  Antecedent cause(s) Diseases or conditions, if any, (b) Multiple fracture of head, face of the above cause bue to stating underlying cause last (c)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  DISEASE OR CONDITION CAUSING DEATH.  DISEASE OR CONTRIBUTING   21b, PLACE (Home, farm, factory, of street, office, bldg, etc., injury of Death.  DISEASE OR CONTRIBUTING   19b, MAJOR FINDING OF OPERATION:    County   19b, MAJOR FINDING OF OPERATION:   19b, MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No No No (State)
Immediate cause  (a) DUE TO  Antecedent cause(s) Dleesses or conditions, if any, giving rise to the above cause DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  (a) DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  (b) DUE TO  Antecedent cause(s) DUE TO  Stating underlying cause last (c) LO	20. AUTOPSY? Yes No. No. (State)  Inquiry , and rmined cause .
Immediate cause  (a)	ONSET AND DEATH  20. AUTOPSY? Yes   No   (State)  (State)  , Inquiry   , and rmined cause   . DATE SIGNED

AMTTA

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ı	MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 2445	) I 4 +
ı	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	==
ı	COUNTY Prince See SED. MARYLAND STATE Md. COUNTY Prince SED-	
	CITY (If outside corporate limits, write DURAL   LENGTH OF STAY   CITY (If outside corporate limits write RURAL and give nearest town)  OR and give nearest town)  TOWN  TOWN  OR  TOWN	)
I	Od INSTITUTION OR STREET ADDRESS 4027-36 th St.	
	3. NAME OF DECEASED: (First) Schward Sean Hartman (Last) 4. DATE (Month) (Day) (Year) OF DEATH 2 - 14 1955	=
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: If under 1 year if under 24 HR	_
	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WILL work done dering most for work life, 1. NIJUSTRY:	
	13. EATHER'S NAME:	
ĺ	Edward Sean Hartman & Matter agers	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT ADDRESS:	
	1 125-05 1036 Geative South Harlman address	2
	18. MEDICAL CERTIFICATION  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	
	Immediate cause (a) tranto con sestive hant faulure ONSET AND DEAT	н
	DUE TO	.,,
	Antecedent cause(s) Diseases or conditions, if any, (b) Can chevas cular renel dusiase	
ł	giving rise to the above cause DUE TO stating underlying cause last (c)	
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	_
	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY?	_
	Yes New Yes Ne	MBC~-
	PRIMARY [] or CONTRIBUTING [] OF street, office bldg., etc. [ CAUSE OF DEATH. INJURY	
	2id. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF While at Not while INJURY M. work at work	
	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection K Inquiry X, ar	
	find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause CHIEF MEDICAL EXAMINER DATE SIGNED	
	M. D. DEPUTY MEDICAL EXAMINER TO 1 to the	già.
	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	2. BURIAL, CREMATION, DATE THEREOF NAME OF CEMEYERY OR CREMATORY LOCATION (City town, or county) (Sute)	
,	ADDRESS A  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   24, FUNERAL DIRECTOR   ADDRESS A	\
1	2. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City town, or county) (State)	



S'au. --

#### MARYLAND STATE DEPARTMENT OF HEALTH

1915

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	
Prince George's MARYLAND	New Lork	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) fin this place)	CITY (If outside corporate limits, write RURAL and give	Dearest town)
OR give cearest town Takoma Park (in this place) 7 years	TOWN Long Island STREET (If rural, give location)	7 ^ -
HOSPITAL OR HILL AND	ADDRESS (If rural, give location)	
STREET ADDRESS		
S. NAME OF (First) (Middle) DECEASED DODORUEA CARCIENC LIEDMANN	(Last) 4. DATE (Month) OF February	(Day) (Year)
(Type or Print) DURUINER CARSIENS REIGHANN	DEATH	1.0
6. SAX White White 7. SINGLE, MARRIED WIDOWED DIVORCED, (Specify) WICOWED	S. DATE OF BIRTH   9. AGE last hirthday   If under 1	Days   Hours   Min.
		CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIIE - OWN HOME - retired	_	DISTA OF WHAT
HOUSEWILE - UWN HOME - retired	14. MOTHER'S MAIDEN NAME	9,0,22,
John Carstens	Unknown Judenberg	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS 940 Rand	dolph St.,
(Yes, no, or unknown) (If yes, give war or dates of None		shington, DC
18. MEDICAL C		MILIT GOITS DO
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
		B 1/ San
Immediate cause (a) Conduce &	seem generalism	
Town a contract to the contrac	U U	7
Antecedent cause(s) Diseases or conditions, if any. (b)	m	
giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		7
Conditions contributing to the death but not related to the disease or condition causing death.	, Agr 3	-
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes D No 8
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SHICIDE OF office hidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY	•	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR!	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	1054 to 2.6 All 10 55 that I last so	er the deservat
alive on 13 april., 19.5 7, and that death occurred at (Degree or title)	2:13 A.m., from the causes and on the date sta	ted above.
SIGNATURE (Degree or title)		
William D. Coul ma	Solver Spring had 21	6 fel 58
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMET	ERY OR CREMATORY   LOCATION (City, town, or county	r) (State)
Gremation Feb. 26, 1955 Fort Lincol	In Crematory   Prince George's Co	
DATE REC'D BY SOCAL   REGISTRARY SIGNATURE	W. FUNERAC DIRECTOR	ADDRESS
MODIANE (SPTO) \ / F3/V/MAN & WOOD	Maxing to Timbkrou Silver Spri	ng. Ma.

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

EUGENU V. S.

DE ATER

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 The CERTIFICATE OF Reg. Dist. No. refully. I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY MARYLAND COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY: If outside corporate limits, write RURAL and give nearest town OR and give nearest town) ormation (In this place) OR Ě Y TOWN TOWN HOSPITAL OR clemrly (If rura) give STREET INSTITUTION OR ADDRESS Of STREET ADDRESS 3. NAME OF (Middle) (Last) DATE (Month) eath (Dav) (Year) DECEASED OF CDRA (Type or Print) DEATH: ö 6. COLOR OR 17. SINGLE, MARRIED. DATE OF AGE last birthday! Ir ungen WIDOWED, DIVORCED, Months Hours (Specify): CHUSE USUAL OCCUPATION (Give kind of, JOB KIND OF BUSINESS (State or foreign country): | 12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: COUNTRY? even if retired): VIRGINIA. pply e 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME 亞 Su ASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If Yes, give war or dates of service) emse Ö 18. MEDICAL CERTIFICATION NTERVAL BETWEEN DING DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 겁 ONSET AND DEATH 416 X sicians IMMEDIATE CAUSE ANTECEDENT CAUSE (5) DISEASES OR CONDITIONS, IF ANY, (B) Phy GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19A DATE OF OPERATION. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES -NO D P especially 218. PLACE (Home, farm, factory. OF INJURY street, office bldg., etc. 21A ACCIDENT WAS UNDERLYING T 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) RI 21E INJURY OCCURRED 210 TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 3 OF INJURY Not while at work at work S 础 O 22. I hereby certify that I attended the deceased from hand 15, 19 41, to Fit 1, 195, that I last saw the deceased 86 된 alive on F M, from the causes and on the date stated above. , and that death occurred at // T DATE SIGNED 52 23. BURIAL, CREMATION NAME OF CEMETERY OR PREMATORY (LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) 4 REC'D BY LOCAL SIGNATURE ADDRESS κi

LIND V. S.

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causes

please write the

Physicians:

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TYPE

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1. PLACE OF

10A. USUAL OC

13. FATHER'S

15 WAS DECEASED

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I DISEASES C

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II OTHER SIG

21A. ACCIDENT

OR CONTRIBUTI

TO THE DEA DISEASE OF 19A, DATE OF O

ANTECED DISEASES OR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	01864
1877 CERTIFICATE OF DEATH Reg. Dist.	No. 231
DECEASED: (Type or Print)  SEX. 6 COLOR OR 7. SINGLE. MARRIED. WIDOWED, DIVORCED. (Specify):  USUAL OCCUPATION (Give kind of, 108 KIND OF, BUSINESS 11. BIRTHPLACE (State or foreign country): 12. C	Pay) (Yesr)  19  EAR   IF UNDER 24 HRF BYS HOURS   Min.  CITIZEN OF WHAT
S. no. or unk ) (If Yes, kive war or dates of service)  VAS DECEASED EVER IN U.S. ARMED FORCES?  S. no. or unk ) (If Yes, kive war or dates of service)	lale Ind
18. MEDICAL GERTIFICATION	INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
1MMEDIATE CAUSE  (A) ARTERIOSCLEROTIC HEART DISEASE  DUE TO	IYEAR
ANTECEDENT CAUSE (S)  SEASES OR CONDITIONS, IF ANY. VING RISE TO THE ABOVE CAUSE TATING UNDERLYING CAUSE LAST.  DUE TO  SEASES OR CONDITIONS, IF ANY. VING RISE TO THE ABOVE CAUSE TO TH	10 years
(C)	
OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO THE <u>DEATH</u> BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSYT
ACCIDENT WAS UNDERLYING   218 PLACE (Home, farm, factory CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg., etc.   21c. WHERE DID (City or town) (County injury occur)	y) (State)
TIME (Month) (Day) (Vent) (Hour)   21s INJURY OCCURRED   21s HOW DID INJURY OCCUR?	

- 10 - 53

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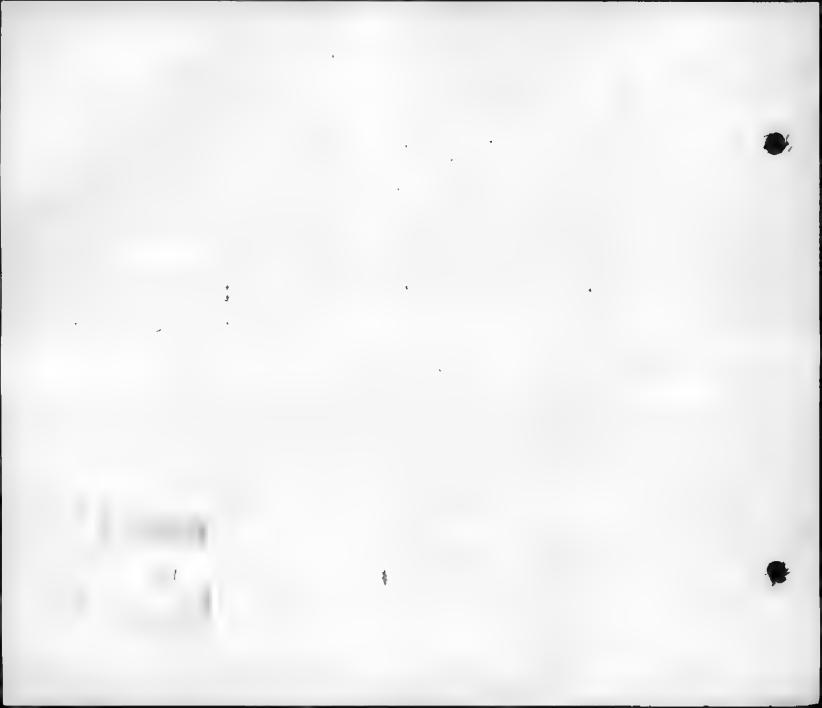
especially (IF EITHER, NOT) 210 TIME (Mon Not while While OF INJURY at work at work .07 1955that I last saw the deceased age 22. I hereby certify that I attended the deceased from M, from the causes and on the date stated above. alive on SIGNATURE and that death occurred at O, correct **ADDRESS** DATE SIGNED

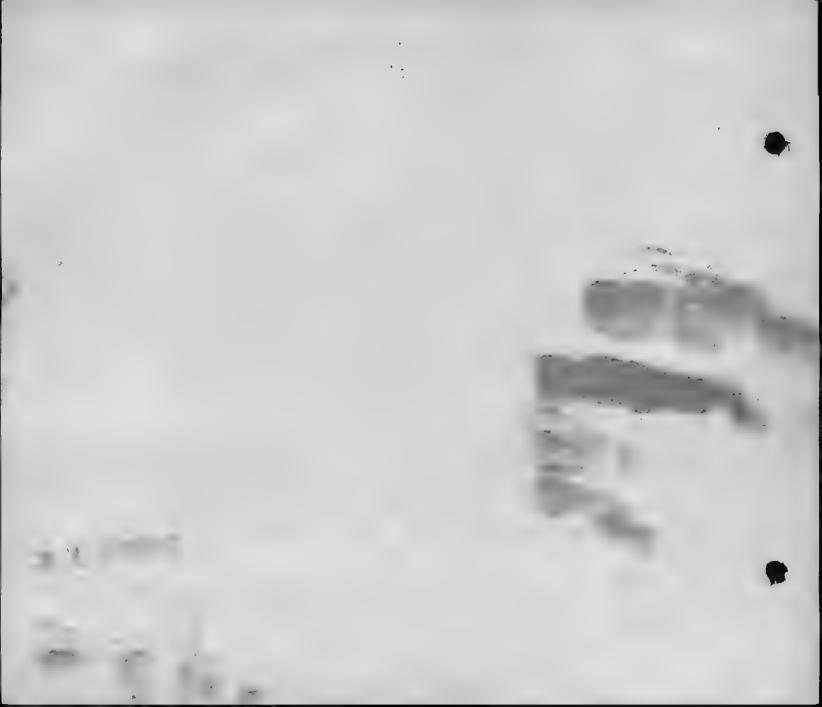
NAME OF CEMETE

OVAL (SPECIFY) BY LOCAL

CREMATION

/ State)





The correct

Supply every item of information write the causes of death clearly

WITH UNFADING INK.

MARGIN RESERVED FOR BINDING

1. PLACE OF TATH:		2. USUAL RESIDENCE	(HOME) OF DECEASED:	
COUNTY ( ) SIM all	MARYLAND	STATE M	COUNTY / 17.	VA-
CITY (If outside or porate limits write RURA	L LENGTH OF STAY	CITY (If outside corp	orate limits write RURAL	and give nearest town)
TOWN TOWN	(in this place)	TOWN COL	an ander	. V
HOSPITAL OR		STREET	If rural, give lecati	ion)
INSTITUTION OR STREET ADDRESS MILE SEA	ses son top	ADDRESS 1 nf	& Imcoln	Care:
3. NAME OF DECEASED:	(Middle)	(Last) 4.	DATE (Month)	(Day) (Year)
(Type or Print) The Chand	19h	noon	DEATH 2 -	14 1955
	MARRIED, DATE	OF BIRTH: 9. AC	E last birthday: IF UNDE	
Male Colored (Specify)		15.1879	75 yrs. Months	Days Hours Min.
	b. KIND OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country):	12. CITIZEN OF WHAT
work done during toost it work life,	FARMING	Marist	and	COUNTRY
IS. FATHER'S NAME:		14. MOTHER'S MAIDEN	NAME:	
General Washing	may (1/2 - a)	9 1	1	
19. WAS DECEASED EVER IN U.S. ARMED FORCES	6. Socuel Security No.: 13	INFORMANT ADADDE	Tree.	
(If Yes, give war or dates of service)	Second Seconds No. 10		7/	
10-	199	sylha-H	enry addre	so same as H
I DESERVED OF COMPUTANT DIRECTORY I I F		CERTIFICATION	/	INTERVAL BETWEEN
i. diseases or conditions directly lea	DING TO DEATH:		11.1	ONSET AND DEATH
Immediate cause (a)	scrite cons	restive her	and starting	
DUE TO 1	1 0	1	, .0	
Anteccdent cause(s)	Langertingeni	· Cheant of	mane	
Diseases or conditions, if any, (b)		marini Arrae Militari Marina Mirrin (1941) Ma	And proceeding and a second se	(1474444
stating underlying cause last	() ·			
II. OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED				
DISEASE OR CONDITION CAUSING DEAT	H	* * * * * * * * * * * * * * * * * * * *		
19a. DATE OF OPERATION: 19b. MAJOR FIN	IDING OF OPERATION:			26. AUTOPSY? Yes X No □
21s. EXTERNAL CAUSE WAS   21b. PL	ACE (Home, farm, factory,	21c. (City or town)	(County)	(State)
PRIMARY or CONTRIBUTING [ ] OF	street, office bldg., etc.,			
21d. TIME (Month) (Day) (Year) (Hour) 21c	. INJURY OCCURRED	21f. HOW DID INJU	RY OCCUR1	
OF INJURY M.	While at Not while work \( \begin{array}{cccccccccccccccccccccccccccccccccccc			
22. I hereby certify that I took charge	of the remains describe	d above, held an Au	topsy [], Inspection	M. Inquiry M. and
find that death resulted from: Nat				etermined cause
SIGNATURE	4 44 15	CHIEF ME	DICAL EXAMINER	DATE SIGNED
&hn J. Malonen Brat	torille md)	M. D. ASSISTAN	r MEDICAL EXAM.	1 2-15-35
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY	OR CREMATORY I	LOCATION (City, town, o	r county) (State)
1 (cmora) 2-16-33	14. S. Weal- To	m James Lange	Wooly Kind,	D.G.
DATE REC'D BY LOCAL   BEGISTRAR'S SI	GNATURE 3	24. FUNERAL DIRECT	OR S	ADDRESS

VS. A15A - 5 - 53

PLEASE WRIT



#### MARYLAND STATE DEPARTMENT OF HEALTH

1918

2411 N. Charles Street, Baltimere

### CERTIFICATE OF DEATH

Reg. Dist. No.

COUNTY PRINCE TEAR GES MARY AND	STATE HARY LAND COUNTY H. GEC
17/100 GEORGIES MARILAND	
OR give nearest town)  YONDALE WASH  TOWN  LENGTH OF STAY  (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR + ON WASHIMSTON (X. D.C.)
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR 4503 - 24Th AVE	ADDRESS 4503-24 TH AVE.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) M/VAHE/	A 1 3 0 DEATH FE 13 1935
6. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, even if petired) Industry	11. BERTHPLACE (State or foreign country)  12. Critish of What
LANTISCAUING	I KAGOSHITA, TATRIV I JAKAN
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	TORA KATSU
16. Wis DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uninform) [11] yes, give wer or dates of	JOHN KATS J - 4503 - WALAY WAL
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
45 APPERIOS	CLEROSIS, GENERAL IYA.
Immediate cause (a)/5/10/10/10/10/10/10/10/10/10/10/10/10/10/	- STREET JULY
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	S MELLITUS 3 YRS.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Wile at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
	Sa team to
22. I hereby certify that I attended the deceased from A	, 1953, to FER 13, 1951, that I last saw the deceased
alive on 550 3, 191 and that death occurred at	ADDRESS DATE SIGNED
thereel Marigan mo	MY KAINIER NO Teles 1955
23. BURIAL CREMATION DATE THEREOF NAME OF GEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feker 13 1958 - Janus Severs	The S. H. Himes Co 2901-14th St. M.W
	Washington 9 D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

correct age

VS. A15

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Sell \_ ;

VS. A15

1879

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

01868

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HQME) OF DECEASED
COUNTY Prince George's MARYLAND	STATE PARAMETER COUNTY & Homes
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (II outside corporate limits, write RURAL and give nearest town)
OR give nearest town)	II OR II V / A ) ' / '
TOWN	TOWN East Neverder X
HOSPITAL OR INSTITUTION OR 42	STREET (If rural, give location)
STREET ADDRESS Unce Leages Horbital	ADDRESS 6/13 - Ed mondson with
3. NAME OF (First) (Middle)	
	OF OF
(Type or Print) ////////////////////////////////////	10 -
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday   If under I year   If under 24 hrs.
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) // Arren	8 3 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10h. Kind of Business or	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Comment (I)
13. FATHER'S NAME	Washington, R. C. 1 195.17.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Christian Maufman	Elizabeth
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	Frank Kauffman, with
·	
18. MEDICAL CE	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
2	1 0 1)
Immediate cause (a)	Eleveland Zerland
Antecedent cause(s)	10° 12° 10° 10° 10° 10° 10° 10° 10° 10° 10° 10
Diseases or conditions, if any, (b)	Chicles bester Replied 18 8-4
giving rise to the above cause stating the underlying cause last	
second the orderiving cause ranc	
(e)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
at a complete (9-ster) 1 DV a CP (11-ster) 4 steril	Yes No Q
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg,, etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
22. I hereby certify that I attended the deceased from 4.13	1051 1A-4 155
22. I hereby cormly that I attended the deceased from G	, 19-1, to the deceased
alive on 2-4, -55, 19, and that death occurred at 3	245 h from the source and on the date and 1
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Oldina Total	ADDRESS DATE SIGNED
Jek Plan mo	Une IV. Ilab / O-45-C
TO DEPART OF THE PROPERTY OF T	17 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
MEMOVAL (Specify)	RY OH CREMATORY LOCATION (City, town, or county) (State)
Burist Tet 1, 1955 Inospect.	Alle Washington, I E
DATE REC'D BY LOCAL   BAGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
999 Alex las de discours	limited of the state of the sta
	17 F. Costello 1722-M. Capital St.
	11 F. Costelle 1102-11. Capital St.

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The COUNTY MARYLAND STATE COUNTY CITY (If outside corporate limits, write/RURAL) (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY CITY OR and give nearest town) (in this place) OR TOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (Middle) 4. DATE (Month) (Day) (Year) (First) (Last) DECEASED: OF (Type or Print) DEATH: death COLOR OR 7. SINGLE, MARRIED, 8, DATE OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IP UNDER 24 HRS RACE: WIDOWED, DIVORCED, Days Hours Monthsi (Specify): of f IOa. USUAL OCCUPATION..Give II. BIRTHPLACE (State or foreign country): |12. CITIZEN OF kind of 10b. KIND OF BUSINESS OR WHAT work done during most of working life, 7 INDUSTRY: COUNTRY? item causes 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: TS WAS DECEASED EVER IN U.S. ARMED FORCES 1716. SOCIAL SECURITY No.: MARGIN RESERVEM FOR Supply write tl (Yes, no, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death 420.1 Immediate cause (a) . DUE TO ADING UNFADING Physicians: Antecedent causes (s) Diseases or conditions, if any, (b) ..... giving rise to the above cause stating the underlying cause last DUE TO Milial shet mores 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ħ important. 19a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY ? WIT Yes No 2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? especiall Not While While at INJURY Work At Work fel 4, 19.J., that I last saw the deceased 22. I hereby certify that I attended the deceased from the WRIT alive on O AMfrom the causes and on the date stated above. and that death occurred at 87 SIGNATU (Degree or title) BURJAL, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 田の REMOVAL (Specify) 7-5 DATE REC'D BY/LOCAL REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR REGISTRAR 2101

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 1880 CERTIFICATE OF DEATH Reg Diet No. 231

	<u></u>	1000	Reg. Dist.	140 V. C.
	cor	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	e	P - 1	M. 1	P 12
	The	COUNTY MARYLAND	CITY (If outside copporate limits, write RURAL and	
	> 50	CITY (If outside corporate thats, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	OR /	i give interest with
	ful	38 TOWN Chenerly 2hrs 45 min	TOWN Laurel	41
	carefully. The	INSTITUTION OR	STREET (1f rural give location)	/
	0	77 STREET ADDRESS	321 Main Street	
	information leath clearly	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (DRy)	(Year)
	nat	DECEASED:	OF	201955
	State		OF BIRTH: 9. AGE last birthday: IF UNDER YE	AR   IP UNDER 24 HRS.
	infordeath	RACE: WIDOWED, DIVORCED, (Specify):	9 yrs. Months Day	ys Hours Min.
	- O	marily the	1 1863	ITIZEN OF WHAT
75	(2)	10a. USUAL OCCUPATION Give kind of work done during most of working life, INDUSTRY:	R II. BIRTHPLACE (State or foreign country): 12. C	OUNTRY?
Z	item ises (	even if retired): laborer appeal construct	e yeles Cart craw Roads Va.	054
Ð		13. FATHER'S NAME:	14 MOTHER'S MAIDEN NAME:	
BIN	- W	Levi Kusley	Crime Mills	
	r ev the		. INFORMANT & ADDRESS:	7
OR	100	(Yes, no, or unk.) (If Yes, give war or dates of service)	El and Knisher Ramel	Mid
124	Supply write	18. MEDICAL CERTIFICATI	ION	
	£ 50	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Deat
	K.		mescary echenica	
RESERV	INK	Immediate cause (a)		
	G	Antecedent causes (s)	W E. 1.0	
	II.	Diseases or conditions, if any, giving rise to the above cause	Heart Taure.	
Z	ADI.	stating the underlying cause last. DUE TO	. > 1 6	
ARGIN	YS1	(c) asternocal	mass, Marketal.	
4	UNFADIN Physicians	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	•	
PE)		related to the disease or condition causing death.	,	A VIEW OF THE STATE OF
	ITH ant.	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
	Y, WITH important.	hone o hone		Yes No Z
	m or m	2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street office blog office b	(CITY OR TOWN) (COUNTY) (S	IVID)
-		HOMICIDE INJURY		
1	ATNLY	TIME (Month) (Day) (Year) (Hour) INJURE OCCURED White at/\ Not While	HOW DID INJURY OCCUR?	
Y	E PLAIN especially	INJURY m.   Work   At Work		41 1
	ods ods	22. I hereby certify that I attended the deceased from	,19, to, 19, that I last :	saw the deceased
	E 69	alive on 2/30., 1955, and that death occurred at	3:15 AM, from the causes and on the date s	tated above.
	WRITE	SIGNATURE (Degree or title)	ADDRESS	TE SIGNED
	- 64	M. n. Eurosen M.A. de	aurel, Ma	
	<b>(2)</b>	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or cou	(State)
	A C	Charle Dech Dy LOCAL DECISION PERSON SIGNATED DE	The PHANE AL PROPERTURE	AODRESS



#### MARYLAND STATE DEPARTMENT OF HEALTH

1858

2411 N. Charles Street, Baltimere

# CERTIFICATE OF DEATH

Reg. Dist. No. 245

01871

I. PLACE OF DEATH. COUNTY frince Georges MARYLAND	2. USUAL RESIDENCE CHOME, OF DECEASED COUNTY	Georges
CITY (If outside corporate limits, write RIRAL and LENGTH OF STAY OR give nearest toyh)  TOWN  CITY (If outside corporate limits, write RIRAL and LENGTH OF STAY (in this place)	CITY (If outside opporate limits, write BURAL and give OR TOWN A GALLATILLE	
HOSPITAL OR INSTITUTION OR 4009 Madison st.	STREET (If rural, give focation) ADDRESS 4009 madrison	J. 1
3. NAME OF (First) (Middle) DECRASED (Type or Print) FTHEL MARY	(Last) 4. DATE (Month) OF DEATH L	(Day) (Year)
Jemale Color or RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) narried	8. DATE OF BIRTH   9. AGE last birthday   If under 1	year If under 24 hrs. Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working file, even if retired)  DOUGHTY  DOUGHTY  TO ME	11. BIRTAPLACE (State or foreign country) 12. Chiladelphia (2	CITIZEN OF WHAT
Etarles w. Cox	margaret a, Kelly	
16. Was Deceased Even In U.S. Anneed Forces?   16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	Win B Koons Applies	riles M4
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	2	INTERVAL BETWEEN ONSET AND DEATE
	At the fine ( and I le	777
Immediate cause (a) / utistu al	O (source (require ou	1) /x au
Antecedent cause (s) Diseases or conditions, if any Columbia Carriery	a of reteres	39Rura
etating the underlying cause last  (c) rutastatic Ca	ranowa signional colore	142an
A. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	<i>"</i>	20. AUTOPSY!
12/12/51 adding Carcumac of re	Cerus	Ya D No P
21. ACOIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Year	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/12	, 195/, to 2/22, 1955, that I last say	w the deceased
alive on 2/2/ , 1955, and that death occurred at ?	ADDRESS and on the date state	ted above.
Daviel B. Washing trech	1 & 6 2 34 Zu live 4/W. Wa	DATE SIGNED
BEMOVAL (Specify) 2/25/J Lord L	The state of the s	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  WHEN 24"1955 Mrs. Las- Donner Berger	of Gasele some Hyaller	ADDRESS no

90.7

8-51

VS. A15

PLEASE

CERTIFICATE OF DEATH

Reg. Dist. No.....

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
county Prince Georges Maryland	STATE D.C. COUNTY		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)		
X TOWN Glenn Dale (RURAL) 1 yr.22 days	Town Washington	41/X "	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	,	
O 8 STREET ADDRESS Glenn Dale Hospital	1212 Crittenden St.	N.W.	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day	) (Year)	
(Type or Print) GEORGE T LEW	OF DEATH: 2 9	19 55	
RACE: WIDOWED, DIVORCED.	DF BIRTH: 9. AGE last birthday: IF UNDER 1 Months   I	YEAR IF UNDER 24 HRS	
Male White Maffriell'& separated 6	/30/87 67 yrs.		
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR work done during most of working life, 1NDUSTRY:	11. BIRTHPLACE (State or foreign country):   12	COUNTRY?	
even if retired): Painter	Virginia	U.S.A.	
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
Major T. Lewis	Mary Annis		
15. WAS DECRASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of	INFORMANT & ADDRESS:		
no service) 579-16-8460	Decedent		
18. MEDICAL C	ERTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	- 11 . 1.	ONSET AND DEATH	
1mmediate cause (a) Kuluuut	Le Heart Usease	We KARMAN	
DUE TO	4 1 / - 0-	3 300 000 00 00 00 00 00 00 00 00 00 00	
Antecedent cause(s)	with he was thouse		
giving rise to the above cause DUE TO	en Haarten die Begeerste en Gebeurg van de Dateerste en Dateerste Broken De Stad Hall de De Deerdes en de eenste een de	2 = 2 + 00 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0	
stating underlying cause last (c)		,	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not	21.11	13.	
related to the disease or condition causing death.	y Mberculeris	13 0002.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:	1	20. AUTOPSY?	
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No STATE)	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(data data data)	~	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?		
OF While at Not while INJURY M.   work   at work	A**		
22. I hereby certify that I attended the deceased from	1954, to 2/2 , 1955, that I last se	aw the deceased	
alive on	5 45 P.m., from the causes and on the date	stated above.	
SIGNATURE (DEGREE OR TITLE		DATE, SIGNED	
Dance Leo Finecano M.D.	Stem Dale Md.	2/9/55	
PEMOVAL*(Spanish)	Y OR CREMATORY LOCATION (City, town, or co	unty) (State)	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
	Principle of the state of the s	4 Q 5 3/ A	

EUREAU V. S.

8-



I. PLACE OF DEATH- COUNTY CHIEF SECONDS MARYLAND	2. USUAL RESIDENCE (HYME) OF DECEASED. COUNTY STATE MAYLAND COUNTY LINE 160.
36 OR giveness (m) (in Sass 124)	ORTY (If outside crorate lemit, write RUCAL ad give nearest town) OR TOWN Cantol 4912
MOSPITAL ON OR INSTITUTION OR 406 6/87. St.	STREET 406 (If piral, and location)
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) (JERTRUDE )	LOCKHART DEATH PCO. 28, 1955
SEX COLOR OR BACE 7. SINGLE, MARRIED, EVENTED WIDOGED, DIVORCED	8. DATE OF BIRTH 9. AGE last birthday If under. I year II under 24 hrs. Months. Days Hours Min.
10a SUAP ACCULATION (Gip kind of work 10b Kind of Business of the hard group of working tyen if paired) Hybridge 10b Kind of Business of Hybridge 10b Kind of H	11. FIRTHPLACE (State of oreign country)  Renutice Court  12. Cityen of What Country? J. A.
Peler Helson	14. MOTHER'S MAIDEN NAME,
16. WAS DEFEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or finknown) (If year, give war or dates of the convice) (In year, give war or dates of the convice)	17. INFORMATION OF WAR 28 000
	Hold always st
J. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carcinoma of the	I breast with pulmoun metaster I year
Antecedent cause(s)	
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF AMERICAN	20. AUTOPSY?
12-22-54 Careenimumy And here	net. Yes   No PA
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work  At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Fals.	, 19.5.7, to
alive on Fals d. 7, 1955, and that death occurred at	6 DOA. m., from the causes and on the date stated above.
Energy the Cornelaces, mit	4400 Bowerff. SE 2-28-55
23. BEGIAL, CRUMATION DATE NAME OF CEMETE	RY OR CREMATORY LOCATION (City, 1987), or gounty) (State)
DATE REC'D BY LOCAL ANGISTRAR'S SIGNATURE	W. W. Chambers Co-517 112 St. F.E.
TIMO, 1-30 WOUL WITHARD	



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	AINITY,
53	WRITE
A15A - 5 -	PLEASE
VS.	

MARYLAND STATE DEPARTMENT OF I	HEALTH—BALTIMORE, 18 Reg. 61st, 875
	TIFICATE OF DEATH No. 245
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county rince 'correts maryland	STATE Par land county Fritce Centers
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN LEVER 10 18	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Riverdale id.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6207 57th avenue	STREET (If rural, give location)  ADDRESS 6207 7/th granue.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Theresa Jeanette Long	(Last)  4. DATE (Month) (Day) (Year)  OF  DEATH  2 - /9  1853
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, 8. DATE WIDOWED, DIVORCED, (Specify): 10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY: even if retired):	OF BIRTH:  9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.  18/11 3 mon+1 s yrs. Months Days Hours Min.  11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Nanyland USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Fr nklin Long	Shirley Berry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	in informant & address: "ran'clin Long Liver ele, d.
Immediate cause  (a)	Premona Onset and Drath
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No []
21a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.  21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work at work	21f. HOW DID INJURY OCCUR?
	Column and land.  24. FUNERAL DIRECTOR  ADDRESS  T. Casch's Tons Matterville, and land.

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## MARYLAND STATE DEPARTMENT OF HEALTH

1921

# CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 1444

9		
T.	COUNTY PRICE Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY P. T.
of information carefully death clearly and legibly.	CITY (if outside corposate ilmits, write RURAL and LENGTH OF STAY OR give sharest toom (in) this place)	CITY (If outside corporate limits, write RURAL and give nearest fown) OR TOWN
n car	INSTITUTION OR 4796 West avenue	STREET (If rural, give location) ADDRESS 4796 West Gran
atio	3. NAME OF DECEASED SO (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
lea	5. SEX   6. COLOR OF HACE   7. SINGLE MARRIED.	cultiment DEATH feb 26 1950
f info	male white Willowed, DIVORCED,	8. DATE OF BIRTH 9 9. AGE last hirthdsy If under I year If under 24 hrs Wonths Days Hours Min.
item of	10e. USUAL OCCUPATION (Give kind of work Inh. Kind of Business on dorse during many of working life; well regiment Inhospay	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
ry it	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Supply every item write the causes of	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY No. (Yes, no) or unknown) (If yes, give war or detes of service)	17. INFORMANT AND ADDRESS
ppl te t	18. MEDICAL CEI	RTIFICATION
Suj	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
INK. please	Immediate cause (1) acute Con	gestine beant failure
UNFADING I	Antecedent rause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause is t	cular ranal deserva
FA	II. OTHER SIGNIFICANT CONDITIONS	
	Conditions contributing to the death but not related to the disease or condition causing death.	
WITH	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSYT
0.000	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
AINLY	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While et Not while INJURY m.   at work	HOW DID INJURY OCCUR?
E PL	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decentions: natural causes of accident [], suicide [], homicide [], SIGNATURE (Degree or title)	undetermined
WRIT	James J. From In 10	ADDRESS DATE SIGNED
S	23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or county) (State)
EAS	REMOVAL (Specify) 3-1-:5 Fort Lin	coln Cem. Colmar Manner MD.
P.	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
	Justed 1.55 Jarres Compails	Deal Funeral Home 4812 Ga Ave DC

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carefully. The correct

death clearly and legibly.

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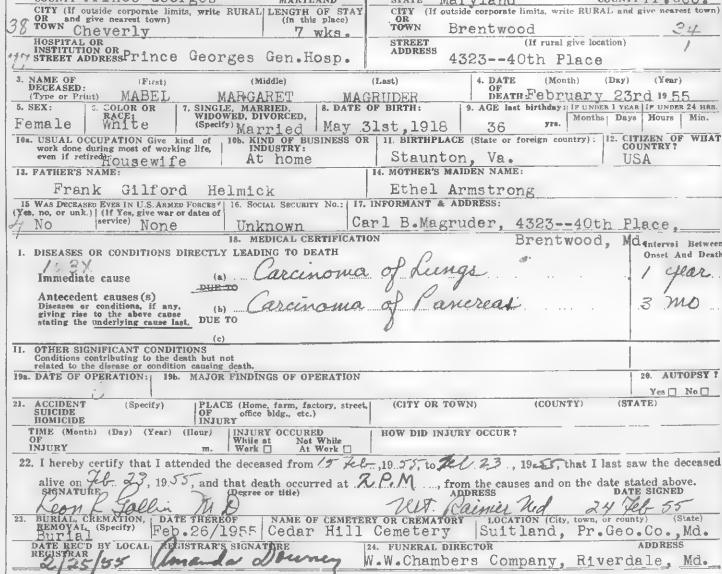
Physiciams:

age is especially impartant.

I. PLACE OF

COUNTY P

	01877
1884 CERTIFICATE OF DEATH Reg. Dist.	No. 231
DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
rince Georges MARYLAND STATE Maryland COUNT	ry Pr. Geo.
side corporate limits, write RURALI LENGTH OF STAY CITY (If outside corporate limits, write RURAL and	d give nearest town)
everly (in this place) OR TOWN Brentwood	34
NOR Prince Georges Gen. Hosp.  STREET ADDRESS 432340th Place	/
(First) (Middle) (Last) 4. DATE (Month) (Dry)	(Year)
MABEL MARGARET MAGRUDER DEATH February 23	ord 19 55
COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: If UNDER 1 YE RACE; Months Day	
white (Specify) Married   May 31st, 1918   36	
CUPATION Give kind of 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (State or foreign country): 12. C.	OUNTRY?
Thousewife At home Staunton, Va.	JSA
AME: 14. MOTHER'S MAIDEN NAME:	
k Gilford Helmick Ethel Armstrong	
D EVER IN U.S. ARMED FORCES   16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS:	
service) None Unknown   Carl B. Magruder, 432340th F	lace,
18. MEDICAL CERTIFICATION Brentwood, M	dentervei Between
OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset And Death
cause (a) Carcinoma of hings	1 cylar.
t causes (s) conditions, if any, to the above cause underlying cause last.  Due to  Due to  Carcinoma of Lungs  Arcinoma of Lungs  Due to  Due to	3 mo
(c)	
NIFICANT CONDITIONS ntributing to the death but not disease or condition causing death.	
PERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
(Specify)   PLACE (Home, farm, factory, street,   (CITY OR TOWN) (COUNTY) (ST	Yes No No TATE)
(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (ST	
) (Day) (Year) (Hour)   INJURY OCCURED   HOW DID INJURY OCCUR?   While at Not While   Work   At Work	
ertify that I attended the deceased from 15 Feb., 19.55, to Feb. 23., 19.55, that I last s	saw the deceased
The state of the s	TE SIGNED
C. Gallin M. A. Will. Rainier Red 24 9	Wr- 55





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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF Reg. Dist. No. carefully. I. PLACE OF DEATH: I 2. USUAL RESIDENCE (HOME) OF STATE COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write, RURAL and give nearest town and In this plage) OR information 38 TOWN TOWN STREET ilf rural HOSPITAL OR give location) clearly INSTITUTION OR **ACORESS** STREET ADDRESS (Middle) (Month) (Day) NAME OF (Year) death of DECEASED (Type or Print) 194-DEATH. item 6. COLOR OR |7. SINGLE. MARRIEO BIRTH 5 SEX 9. AGE last birthday: IF UNDER WIPOWED, CIVORGED RACE: of (Specify) every causes 108. KINO OF OCCUPATION (Give kind of BUSINESS (State or foreign country): |12 CITIZEN OF WHAT work done during most of working life. OR INDUSTRY COUNTRY? ONE INFAN Supply 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME Z. (Yes, no or unk.) il Yes, king war or of service) YERCADO6002 -3 Z of service) pleas 18. MEDICAL CERTIFICATION Ü DIN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH sicians: IMMEDIATE CAUSE OUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) Phys GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. 3 (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Z DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 1 198. MAJOR FINDINGS OF OPERATION imi 20. AUTOPSY7 NO especially 21A. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH 218 PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OF INJURY street, office bldg., etc. INJURY OCCUR? WRITE (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) 21F. HOW OLD INJURY OCCUR? Not while While OF INJURY at work at work (%) OR 22. I hereby certify that I attended the deceased from 7/5 \_1954, to , 19.5 - that I last saw the deceased 国 65 alive on ., and that death occurred at M, from the causes and on the date stated above. ρ. SIGNATURE SE LOCATION ((ity, town, or county). 23 LOCAL



## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

ABSOLUTE BARRIEN S CAR	THIORID OF DUALIT	No
1. PLACE OP QEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY TIME SEA CES MARYLAND	STATE MA COUNTY Prince	è Sierces
CITY (If detaile corporate limit, write RURAL OR and give hearest town)  TOWN  LENGTH OF STAY (is this place)	CITY (If outside corporate limits write RURAL and OR TOWN	d git nearest lown)
HOSPITAL OR INSTITUTION OR STREET ADDRESS TIME SLOTES Sen HOSO	STREET (If rursi, give location) ADDRESS 6 305 - 6124 Place	/
3. NAME OF DECEASED: (Type or Print) Sence Walter Me	CLast) 4. DATE (Month) (Day of DEATH 2 - 6	(Year) - 195-5-
6. SEX: C. GOLOR OF 7. SINGLE, MARRIED, WIDOWED SIVORCED, 8. DATE WIDOWED SIVORCED. / 6. Specify): Warried / -	-12-16 39. yrs. Months D	YEAR IF UNDER 24 HRS. ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during roost of work life, even if retired): (Argentia)	R 11. BIRTHTSACE (State or foreign country): 12	COUNTRY?
13. FATHER'S NAME: SECREWALLE Merritt	14. MOTHER'S MADEN NAMES	>
15. N/S DECEASE EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, or or unk) (If Yes, give war or dates of 26c-/2-8464	17. INFORMANT & ADDRESS:	· _
18, MEDIC	AL CERTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)		* 10***********************************
Antecedent cause(s)	unonhagic prumomo	2
Diseases or conditions, if any,	masoning with exercising a few homeovers such a resi	
giving rise to the above cause DUE TO stating underlying cause last (c)	0	
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	44.5 · · · · · · · · · · · · · · · · · · ·	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   OF Street, office bldg., etc. INJURY		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF Mile at Not while NJURY M. work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describ	bed above, held an Autopsy 😿, Inspection 😿	, Inquiry of and
find that death resulted from: Natural causes 7, Accid		
SIGNATURE D. M. Slovey Hy Starlle 1	M. D. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	2-6-55
28 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER 12/9/1955 COLORS JE	OR CREMATORY LOCATION (City town, or co	ounty) (State)
DATE REC'D BY LOCAL   DEGISTRAR'S SIGNATURES	247EUNERAL DIRECTOR	ADDRESS
REG. 16 153" ( Andrew ) huner	11. X1. Clianters too Ker	Esdale mil

VS. A15A - 5 - 53

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fully. The correct legibly.

G WRITE PLAINLY, WITH UNFADING INK, Supply every item of information can age is especially important. Physie : please write the causes of death clearly an

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg.)	Pist C2
No	2H5

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 3 H 2
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Prince George's MARYLAND	STATE Maryland COUNTY Frince Ge	eorges
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Riverdale  LENGTH OF STAY (in this place).	CITY (If outside corporate limits write RURAL and OR TOWN Riverdale Md.	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Oscital	STREET (If rural, give location) 6319 Edmonston Koad	7
8. NAME OF (First) (Middle) DECEASED: (Type or Print) Amma Nav Mille	(Lest) 4. DATE (Month) (Day) OF DEATH February 2	(Year)
female white (Specify): married Nay		
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, even if retired): Practial Number	R II. BIRTHPLACE (State or foreign country): 12. South Carolina	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME;	
Roweran W. Alexander	Harriet Mc Kenzim	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Mr. : Made J. iller Kiverdale	4.0
18. MEDICA	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a)  DUE TO	ypession	ONEET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, (b)	hemorrage	* 1 ****** **** ****
giving rise to the above cause DUE TO	+ 11	
stating underlying cause last (c) tracking d	spull	
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	, , , , , , , , , , , , , , , , , , , ,	20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY FLOR CONTRIBUTING OF Street, before bldg., etc.	" Reverdale - 12. Sio -	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While at work ☐ Not while at work ☐	Falldown starie mich	ome-
22. I hereby certify that I took charge of the remains described the second of the remains described to the second of the second		
find that death resulted from: Natural causes , Accid	CHIEF MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or con	unty) (State)
REMOVAL (Specify): For 22, 100 Jashington	National Suitland Maryla	and
DATE REC'D BY LOCAL REGISTRAN'S BIGNATURE	24. FUNERAL DIBECTOR	ADDRESS

Registra)



Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED CITY(If outside perporate limits, write RURAL and give nearest town)

(If rural give location)

(Day)

19 9. AGE last birthday IF UNDER I YEAR Days Hours

date or foreign country): | 12. CITIZEN OF WMAT

ONSET AND DEATH

YVEARS

VERRS

SVEARS

(State)

State

20. AUTOPSY

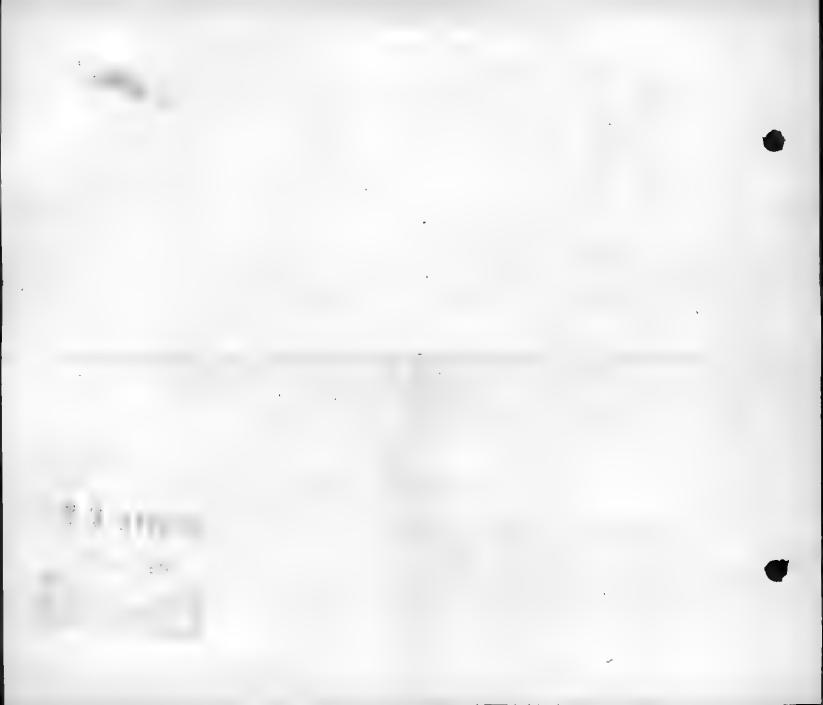
M. from the causes and on the date stated above.

DATE SIGNED

(City, town, or county)

REC'D BY LOCAL 24 FUNERAL DIRECTOR

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VS. A15 8-51

MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	04064
1922 CERTIFICAT	TE OF DEATH Reg. Dist. 1	U1293
1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Prince Georges  CITY (If outside corporate limits, write RURAL OR and give nearest town)  Y TOWN Glenn Dale (rural)  HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital	CITY (If outside corporate limits, write RURAL and	give nearest town)
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Harrieff.	Morau 4. DATE (Month) (Day) OF DEATH: 2	(Year)
Female White 7. SINGLE, MARRIED, 8. DA. WIDOWED, DIVORCED, (Specify): Widowed 4/1	TE OF BIRTH:  9. AGE last birthday: IF UNDER 1 1  11/73  81  yrs.	
10a. USUAL OCCUPATION (Give kind of two kind of two work done during most of working life, even if retired):  HOUSEWITE	Montgomery Co, Md.	COUNTRY?
13. FATHER'S NAME: Henry C. Lochte	14. MOTHER'S MAIDEN NAME: Eliza ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY No.:  (Mes, no, or unk.) (If Yes, give war or dates of None None	17. INFORMANT & ADDRESS: Decedent	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  2. DISEASES	L CERTIFICATION  Wherefars lenses	INTERVAL BETWEEN ONSET AND DEATH UM (UM)
II. O'THER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	N:	10 Wenter 20. AUTOPSY? Yes No []
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while the not will be not write the not will be not write the not wr	HOW DID INJURY OCCUR?	STATE)
22. I hereby certify that I attended the deceased from 5		stated above. DATE SIGNED
<b>9</b> 1	Was	W. W.C.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

			7	4	9	
eg.	Dist.	No.	Lucia		<u> </u>	

	Reg. Dist. Nocamandamina
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Thinks Devy	(For newborn infants give residence of mother)
City or fown. (If outside city or fown limits, write RUKAL and give nearest town)  Row long in above place of dealh?	State County V. 3
(If outside city or town limits, write MURAL and give nearest town)	City or town
Row long in above place of death?	(If outside six or town limits, write RURAL and give nearest town)
	Streef No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name wer
3. (a) FULL NAME	3. (b) Social Security Number
1 Shows tribas Server	Varler !
4. Sex 5. Color or raco 6.(a) Singlo, married, widowed, or dirorced	MEDICAL CERTIFICATION
M W morried	20. DATE DE DEATH. 3-18-55 19.55 of 10.10 Fm
B. (b) Name of husband or wife hus Farming C. Dale Noylor	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from
D. C. Figure of Hospital at Williams and American America	1-18 1855, 10 2-18
7. Birth date of S. (c) If alive, give age years	and that I last saw h. Associative co. 2 - 19 - 55
deceased (mo., day, yr.) 6, 1893	Immediate cause of death
8. AGE: Years Months Bays If less than one day	acronia 3 Dag
6 / hrsmin.	
000000	C3.1. I. H.
9. Birthplace (Town, county, and state)	Due to Significant Land Landing
10. Usual occupation Returns O Alexander	
-	Due to
11. Industry or business	1,70, 170, 170, 170, 170, 170, 170, 170,
12. Name No. 13. Birtholisco	Giher conditions
	(Include pregnancy within 3 months of death)
14. Maiden game Samuelle K Nowl	
15. Birthplace	Major fiedings of operations
	Daie of op.
1B. Informant	Autopsy results
Address . Cog erse &	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?)  (Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide
	Where did injury eccur? (City or town) (County) (State)
Location aguasco: manyand	Injured at home, farm, industry, public place (where?)
18. Funeral director Summans Brothers	Means of Injury Injured of work?
Address 1661- good stage Ad &E. wast	CP Landy Reland
1. 316-18 CC I I I	23. SIGHATURE M. D. or other
19. Let 8 19.5 5 Caderal to there	BALL D 1. 0 2-18-55

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

/S A15



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE DEATH Reg. Dist. No. USUAL RESIDENCE (HOME) OF DECEASED: I. PLACE OF DEATH: Blegibly COUNTY MARYLAND CITY (If outside corporate braits, were RURAL LENGTH OF STAY OR and give nearest town) (in this place) (If outside orrporate limits, write RURAL and give negrest town) OR 2 TOWN TOWN and HOSPITAL OR STREET (If rural give location) carr INSTITUTION OR ADDRESS STREET ADDRESS clearly information 3. NAME OF (Middle) DATE (Year) (Last) DECEASED OF 19,5 DEATH: (Type or Print) 9. AGE last birthday :) IF UNDER 1, YEAR | IE UNDER 24 HRS. death 5. SEX: 8. DATE OF BIRTH: 6. COLOR OR SINGLE, MARRIED WIDOWED, DIVORCED Months Days RACE: Hours (Specify): 61 12. CITIZEN OF WHAT (State or foreign country): 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE of of COUNTRY? INDUSTRY: work done during most of working life, item even if retired): every item he causes 13. FATHER'S NAME 15 WAS DECEASED EVER IN U S. ARMED FORCES / 16. SOCIAL SECURITY No.: 17. INFORMANT (Yes, no, or unk.) | (If Yes, give war or dates of Supply write tl Bervice) WW 18. MEDICAL CERTIFICATION MARGIN RESERVED Miterval 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Immediate cause DUE TO ADING Antecedent causes (s) Physicians Diseases or conditions, if any, (b) . giving rise to the above cause stating the underlying cause last. DUE TO UNF OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. WITH important 20. AUTOPSY 7 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No 9 (STATE) (CITY OR TOWN) (COUNTY) 21. ACCIDENT PLACE (Home, farm, factory, street, office bldg., etc.) (Specify) PLAINLY, SUICIDE INJURY HOMICIDE TIME (Month) HOW DID INJURY OCCUR? (Day) (Year) (Hour) INJURY OCCURED While at Not While especiall INJURY At Work Work [ 19 that I last saw the deceased 22. I hereby certify that I attended the deceased from HA 19 5 6 , from the causes and on the date stated above. alive on and that death occurred at DATE SIGNED 5/2 (Degree or title) LOCATION (City, town, or county) BURIAL, CREMATION, NAME OF CEMETER REMOVAL (Specify) W <₫ ADDRESS E REC'D BY LOCAL SIGNATURE FUNERAL DIRECTOR

BUTEAU V. S.

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	0.21
	1892 CERTIFICATE OF DEATH Reg. Dist.	No. 623
write the causes of demth clemrly and Tegibly.	OECEASED: (Type or Print)  SEX.  OF DEATH: 2 - DEATH: 3 - AGE last birthday IF UNDER 1 V Months D WIDOWED. (Specify: 2 - 2/-55   VFS.   Months D DEATH: 2 - DEATH: 3 - AGE last birthday IF UNDER 1 V Months D DEATH: 3 - DEATH: 4 - DEATH: 5 - DEATH: 4 - DE	Ony) (Year) 2 1950 EAR IF UNDER 24 MRS. aye Hours Min.
Physicians: pleass	(Yes, no, or unk.) (If Yes, give war or dates of service)  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  10. MEDICAL CERT	1-67 - Am MARINAL BETWEEN ONSET AND DEATH I'M.
import∎nt.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
corr∎ct agm is especially	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory or contributing cause of death of injury street, office bidg., etc. injury occur?  (If EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) While at work of injury occur?  21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While at work of injury occur?  21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While at work of injury occur?  21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While at work of injury occurred injury occurred injury occurred injury occurred.  22E I hereby certify that I attended the deceased from at work of injury occurred.  All of injury occurred injury occurred.  21F. HOW DID INJURY occurred.  22F. HOW DID INJURY occurred.  ADDRESS DATE AND OF INJURY occurred.  ADDRESS DATE AND OF INJURY occurred.  ADDRESS DATE OCCURRED 21F. HOW DID INJURY occurred.  ADDRESS DATE OCCURRED 21F. HOW DA	saw the deceased stated above.



MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	01888
1893 CERTIFICATI	T OF HEALTH—BALTIMORE, 18 E OF DEATH Reg. Dist.	No. 23/
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
CITY (If outside corporate limits, write RUPAL LENGTH OF STAY OR and give nearest to n	STATE COUNTY CITY(If outside corporate limits, write RUKAL an	a give nearest town)
HOSPITAL OR STREET ADDRESS MALE HUNGE AND	STREET (If rural give location)  ADDRESS  ALL TOWN	SIL
NAME OF DECEASED: (Type or Print)  (Middle)	DATE (Month) (De OF DEATH: 2	(Year) 7 1955
6. COLOR OR 7. SINGLE MARRIED. 8. DATE WIDOWED, DIVORCED. (Specify): "idov.	75 yrs. Months Da	ys Hours Min.
work done during most of working life, even if retired);	Upper Marlboro, Md.	USA
. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Un kn own	Unknown	
Was Deceased Even In U.S. ARMED FORCES: 18. SOCIAL SECURITY No. es, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	dist infaretin	ONSET AND DEATH
ANTECEDENT CAUSE (8)	ALL AND MERCE	
DISEASES OR CONDITIONS, IF ANY, IVING RISE TO THE ABOVE CAUSE DUE TO	y skurt Desence	
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY? YES NO P
A. ACCIDENT WAS UNDERLYING 216. PLACE (Home, farm, fac CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., FEITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?	(State)
D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
alive on		
REMOVAL, (SPECIFY) 2-14-64 (Jurily)	CONTEMP TO COLOR (City, town, or comments)	Made "
DATE REC'D BY LOCAL REDISTRAR'S SIGNATURE	244 FUNERAL DIRECTOR	ADDRESS 4



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Right Dist
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 4 4.2
1. PLACE OF DEATH:	- 0
COUNTY MARYLAND STATE V COUNTY	give sedrest total
TOWN TO A Reel transmit TOWN Crecofreele	
HOSPITAL OR STREET ADDRESS Route 210.  STREET ADDRESS Route 210.  STREET ADDRESS Route 36.	
3. NAME OF DECEASED: (First) (Middle) (Last) (A. DATE (Month) (Day OF	(Year) 19.53
5. SEX: 6. COLOR OR WIDOWED DIVORCED, S. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y Months Da	
	CITIZEN OF WHAT
13 FATHER'S NAME: Of LOT	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:  Wolfing - Comment of the comment	ruso
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
i. diseases or conditions directly leading to death:	ONSHT AND DEATH
Immediate cause (a) DUE TO	7224774443 24144444444 11111
Antecedent cause(s)  Diseases or conditions, if any. (b)	
stating underlying cause last (e) I achive dislocation of cernical verte	tral -
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19m. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes \( \text{No} \( \text{D} \)
PRIMARY For CONTRIBUTING OF street office bldg, etc., CAUSE OF DEATH.  21b. PLACE (Home, farm, factory, of the place of th	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work   21f. HOW DID INJURY OCCUR? 2thingle injury 2 - /8 - 5.5 6 / 0 M. work   at work   work   work	by anto-
	Inquiry , and
SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	mined cause [].  DATE SIGNED
AS. BUBLAL, CREMATION, DATA THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or con	11nty) (State)
DATE REC'D BY LOCAL   REGISTRAN'S SIGNATURE 24 EUNERAL MRECTOR	ADDRESS
Feb. 19. 1955 Carrie J. Campbell. W.W. Chambers Co. 517-	11th St. SE
· · · · · · · · · · · · · · · · · · ·	Jack, D.C.

A NV SSET



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY ( MARYLAND MARYLAND	STATE MA COUNTY / S.	0
CITY (If outside corporate limits write NURAL LENGTH OF STAY OR and give in trest town)		give nearest town)
TOWN (Levelly	TOWN Kmattsville	1:
HOSPITAL OR O I	STREET (If rure), The freation)	1
STREET ADDRESS MICE SCANCES JUN HOSP	1 51/8 - 12 " Otall	
S. NAME OF DECEASED: (First) (MIRA)(e) (Type or Print)	(Last) 4. DATE (Month) (Day OF DEATH	(Year)
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE		
Female RACS: WIDOWED, DIVORCED, 2-	21-53 / yrs. Months De	
10a. USUAL OCCUPATION (Give kind of   10b. KIND OF BUSINESS OF	R   11. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT
work done during most of work life, even if retired):	hist or Columbia	COUNTRY
13. FAPTUR'S NAME: / /	14. MOTHER'S MAIDON NAME.	,
Robert Verloft	Evelon ouchur	
15. WAS DECEASED EVER IN G.S. ARMED FORCES (16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
service)	Falther - Dame addre	20
18. MEDICA	AL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	. 1	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Compression	a some lead	
Immediate cause  DUE TO		777747 ********************************
Antecedent cause(s) Diseases or conditions if any (b)	al-	
Diseases or conditions, if any, giving rise to the above cause DUE TO	10 1 ++	
stating underlying cause last (c) Tachure of	3nd Cervical vertilia.	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.	m covering a man in min man section section (co. ) )	l
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
The state of the s	4 (5-4)	Yes No
21a. EXTERNAL CAUSE WAS PRIMARY 50 or CONTRIBUTING CAUSE OF DEATH.  CAUSE OF DEATH.  12b. PLACE (Home, farm, factory, of street files bldg, etc. INJURY)	(City or town)	9Not
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED	211. HOW DID ANJURY OCCUR! (Rean Aut	+ remor
OF INJURY 2 - 2 - 5.5 4.40 M While at work at work	automobile while a ledding	7
22. I hercby certify that I took charge of the remains descril		
find that death resulted from: Natural causes [], Accid	dent ☐ Suicide ☐ , Homicide ☐ , Undeter	mined cause [].
BIGNATURE (1) the Mr. H.	DEPUTY MEDICAL EXAMINER	DATE SIGNED
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CONSTRU	M. D. ASSISTANT MEDICAL EXAM.	unty) ( (State)
CREMOVAL (Specify): 2/13/75 Fort Lin		, Ind
DATE REC'D BY LOCAL   DEGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
BRG/ 2 - C // C N . a//A/ama	to track a one Halland	vo . mak.

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PLEASE WRIT

ully. The correct legibly.

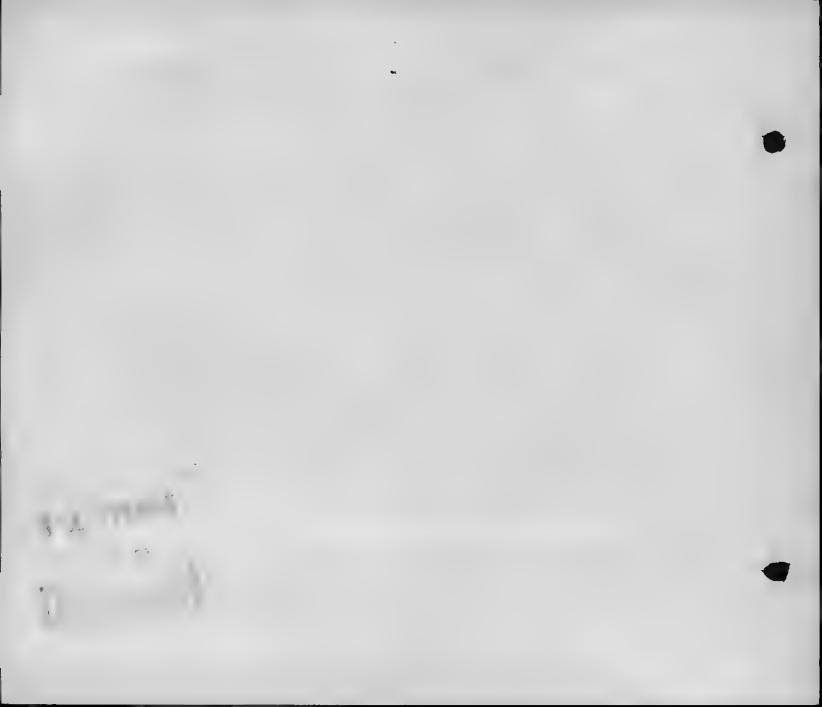
BY WRITH PLAINLY, WITH UNFADING INK. Supply every item of information cange is especially important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

EUGEAU V. S.

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1925
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 M.J. Sin 2
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 1442
1. PLACE OF DEATH:  COUNTY COU
CITY (If outside corporate limits, write EURAL LENGTH OF STAY OR and give pearest town)  OR and give pearest town)  TOWN  CITY (If outside corporate limits write RURAL and give nearest town)  OR TOWN
HOSPITAL OR INSTITUTION OR ADDRESS A 5 Route 210.
3. NAME OF DECEASED: (Middle) (Last) (Month) (Day) (Year) OF DEATH 2-19-19-5-
5. SEX:    6. COLOR OR   7. SINGLE, MARRIED, WIDOWED, DIVORCIND, Specify:   10a. USUAL OCCUPATION   Give kind of   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT
work done during most of work life, even if rettred):
13. FATNER'S NAME:  14. MOTHER'S MAILEN NAME:  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17 INFORMANT & ADDRESS:  218-701-51
(1 service) service) allen Jeo Pickenal - S.E. Wash. D.C.
18. MEDICAL CERTIFICATION INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH
Inmediate cause  (a) DUE TO  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE To Company and DUE To Company
Inmediate cause  (a)  DUE TO  Anteccdent cause(s)  Diseases or conditions, if any, giving rise to the above cause  DUE TO  DUE TO  Anteccdent cause(s)  Diseases or conditions, if any, giving rise to the above cause  DUE TO  Anteccdent cause(s)  Diseases or conditions, if any, giving rise to the above cause  DUE TO  Anteccdent cause(s)  Diseases or conditions, if any, giving rise to the above cause  DUE TO  Anteccdent cause(s)  Diseases or conditions, if any, giving rise to the above cause  DUE TO  Anteccdent cause(s)  Diseases or conditions, if any, giving rise to the above cause  DUE TO  Anteccdent cause(s)
Immediate cause  (a)
Immediate cause  (a)  Anteccdent cause(s)  Diseases or conditions, if any,  giving rise to the above cause DUE TO  Antecyclent conditions, if any,  priving rise to the above cause DUE TO  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS  FRIMARY For CONTRIBUTING   OF street office blue, etc.,  CAUSE OF DEATH.  21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED  OF INJURY   19-55-6-24 M. Work   21b. Not while while while while while while while at work   21b. How pid Inauty occur? Inquiry E. and find that death resulted from: Natural causes   Accident ##, Suicide   Homicide   Undetermined cause    SIGNATURE  ONSET AND DEATH.  ONSET AND DEATH  ONSET AND





### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Reg. Dist.

				W- W	
MEDICAL	EXAMINER'S	CERTIFICA	TE OF	DEATH	No 23

1. PLACE OF BEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY NAMEL SURICIO MARYLAND	STATE MIN COUNTY ( ) See
CITY (If outside corporate incits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and give nearest town)
OR and give nearest town (in this place)	TOWN Jandones X
HOSPITAL OR OINSTITUTION OR 6/1/8 Obs Street	STREET (If rural, give location) ADDRESS (118 Olio Street
3, NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) John Osruce Ou	ade DEATH 2 - 14 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWELL DIVORCED, 8. DATE	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.
(Specify): Marria /	21-93 62 yrs. Months Days Hours Min.
Work done during most of work life, INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
Machine operator gort hunting Of	1. Marsland 9.565
13. FATHER'S NAME!   Q	14. MOTHER'S MAJOEN NAME:
1 coher made	Josephine Merton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	II. INFORMANT & ADDRESS:
nervice)	Esta Perade - 3413- Olis St. Ant Kanne
18. MEDICA	AL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
limmediate cause (a) fronte consu	story heart tribuse
lifimediate cause  (a)  DUE TO	1
Antecedent cause(s)	las religione.
Diseases or conditions, if any, (b)	
stating underlying cause last (c) Curhosiso lur	in a chala at to chair
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	- Comment -
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
<u> </u>	Yes No D
21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   OF CONTRIBUTING   OF CAUSE OF DEATH.  CAUSE OF DEATH.	
2Id. TIME (Month) (Day) (Year) (Hour) 2Ie. INJURY OCCURRED While at Not while	21f. HOW DID INJURY OCCUR?
INJURY M. work at work	
	ped above, held an Autopsy , Inspection , Inquiry , and
and that death resulted from: Natural causes Accid	lent [], Suicide [], Homicide [], Undétermined cause [].  CHIEF MEDICAL EXAMINER [] DATE SIGNED
John Molone Heath Chan	M, D, DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.
13. BURIAL, CREMATION,   DATE TREEFOF   NAME OF CEMETICA	7 - 1 - 3 - 1 - 3 - 3
B REMOVAL (Specify):	hat make the state of the state
DATE REC'D BY LOCAL   RESISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG 1/5- /55- ( manda Decement	7 Danda Ina Haltsville, had

PLEASE WRITH PLAIMLY, WITH UNFADING INK. Supply every item of Information age is especially important. Physicians: please write the causes of death clearly

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

\*A \*

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY (VALUE STATE MARYLAND	STATE PAGE COUNTY	
CITY (If obtained corporate limits/write GURAL LENGTH OF STAY OR and give nearest-town)	CITY (If outside corporate limits write RURAL a	nd give nearest town)
X TOWN Michelalle framing	TOWN Winthrop	1000
HOSPITAL OR INSTITUTION OR Y//	STREET (If sural, give location	TL
OSTREET ADDRESS Wayne Molel	169- Main X	ree 1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (DOF	ay) (Year)
(Type or Print) / VA - Valendary	DEATH 2- 1	4 - 19 55
RACE:   WIDOWED, DIVORCED.	S OF BIRTII: 9. AGE last birthday: IF UNDER Months	Days Hours   Min.
10a, USUAL OCCUPATION (Give kind of 103, KIND OF BUSINESS OF	- 1-1894 (1) yrs.	12. CITIZEN OF WIIA
work flone during most of work life,   INDUSTRY:	H HA CE (State or foreign country)	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	US.CL
IN PATRICIA NAME:	An P. Barrell	4
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:	7:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Y C A A	
	Lausey pace randi	
II. MEDIC. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION	INTERVAL BETWEEN
442	A-1111.	ONSET AND DEATE
Immediate cause (a)	estud heart fartus	*****
Antecedent cause(s)		
Diseases or conditions, if any, (b) (b)	dan Almalanda -	
giving rise to the above cause DUE TO stating underlying cause last		
1L OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.	· · · · · · · · · · · · · · · · · · ·	20. AUTOPSY?
Aven District Or Or Market 2001.		Yes No 7
21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory		(State)
PRIMARY   or CONTRIBUTING   OF street, office bldg., etc. CAUSE OF DEATH.		
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	21f. HOW DID INJURY OCCUR?	
INJURY M. work at work		/
22. I hereby certify that I took charge of the remains described the second sec	bed above, held an Autopsy [], Inspection [	, Inquiry , and
find that death resulted from: Natural causes , Accid	chief Medical Examiner	DATE SIGNED
The state (11 the March)	M. D. ASSISTANT MEDICAL EXAM.	1 15-1-1-
23. BURIAL CREMATION   DATE TREREOF   NAME OF GEMETER		county) (State)
TREMOVALTS COLON Est N. 1950 Writhrop	massichusell	

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WITH UNFADING INK.

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MARGIN RESERVED FOR BINDING

SS.:

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

1854

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

# CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH	H.		2. USUAL RESIDENCE (	HOME) OF DECEASI		
COUNTY	7 L	MARYLAND	STATE	*	COUNTY 1 17	1 ~ _
CITY (If outside c	orporate limits, write RUR	AL and   LENGTH OF STAY	CITY (If outside corpor	rate limits, write RURA	L and give neares	t town)
14 OR give nearest	town)	(in this place)	OR TOWN	· f ,		14
HOSPITAL OR	The state of the s		STREET	(If rural, give le	cation)	
O INSTITUTION OF STREET ADDRE			ADDRESS 9537	R.I.Ave.		-
3. NAME OF	(First)	(Middle)	(Last)	14. DATE (M	ontb) (Day)	(Year)
DECEASED	7.11.00)	(see in the column of	7	OF .	outb) (Day)	
(Type or Print) 5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	DEATH -	1 Tf cond == 1 conseq 1	19 _
5. SEA	S. COLOR OR RACE	WIDOWED, DIVORCED,	Jan.3,1 96	9. AGE MR DITHOLY	Months Days	
10a. USUAL OCCUP done during most of "	ATION (Give kind of work working life, even if retired)	INDUSTRY home	Virginia	or foreign country)	12. CITIES COUNTS	OF WHAT
13. FATHER'S NAM	115		14. MOTHER'S MAIDEN	JNAME	*	
100 21111111111111111111111111111111111	Hanry Robert R	errode	Amanda Rodeft			
IF W. D. D. D. D. D. D.		7   16. SOCIAL SECURITY NO.				
	(If yes, give war or dates		All ert G. Rule	ADDRESS	a I ambe . J	
·	ervice) =			rian- "Otre".	J 1017 , 10	i 4
./		18. MEDICAL CE	RTIFICATION		1-	
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTER ONE	MID DEATE
						8 44 47
Immediat	е сацяе (*)			1	www.eff for and the	07/
50 Ex.						C'
	nf cause(s) conditions, if any, (b)	- 6 , 6, 46				041
giving rise to	o the above cause	y Bog ming ay hile yar 16 at gam	milit fi. Pelinder desta desses establissionesses	7 D P T T T T T T T T T T T T T T T T T T		
stating the u	anderlying cause last				,	
	(e)					
Conditions contribu	ICANT CONDITIONS utles to the death but not se or condition causing deat	th.				
		FINDINGS OF OPERATION			1 20. A	UTOPSYT
21. ACCIDENT	(Specify)   PLA	CE (Home, farm, factory, street,	· (CITY OR	TOWAD ((	( Yes	TATE)
SUICIDE HOMICIDE	OF INJ	office bidg., etc.)	· (OIII OK	1041) (0	(2	)IALE)
TIME (Montb)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OF	CUR?		
OF INJURY	m.	Work   At work				
				,		
22. I hereby certify that I attended the deceased from						
alive on	ar , الرازي (19 رييو الراديا) .	d that death occurred at		causes and on the	date stated al	00Ve.
SIGNATURE (Degree or title) ADDRESS						
Ill Tiene In. T College Dark and 1-15-55						
	AMON L D (TIL THEE)	OF MANE OF CENTER	DV OB CORE COME	· /	Th. / .	76
323. BURNAL CREM	ATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, tow	n, or county)	(State)
Chrone !	12/12/3	2 CONTO TOUR	The state of the s	Day lon		W -
DATE REC'D BY	a contract of the contract of	SIGNATURE	24. FUNERAL DIRECT	OR A	ADD	RES
Litred 6 191	1 Denies	/ Devers	5. Basels Low	2 - Halle	will !	hcl.
	11 Yohn	A Smills		d		
	0	V3		V		

VS. A15

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Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: CITY(If outside corporate limits, write RURAL and give nearest town) (If rural give location) (Month) (Year) 19 5 9. AGE last birthday IF UNDER ! YEAR Months: Days 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? (County) (State) 4 ... 19 3 that I last saw the deceased 1 70M, from the causes and on the date stated above. . DATE/SIGNED/ City/ town. (State ADDRESS REGISTRAR



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Ret Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 231
. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	=======================================
COUNTY PARE SCORES MARYLAND STATE MA COUNTY PAR COUNTY	<i>θ</i> -
OR and give nearest town) swrite WRAL LENGTH OF STAY CITY (If outside corporate limits write JURAL and OR OR	give nearest town)
HOSPITAL OR STREET (If tural, give location)	54
HOSPITAL OR INSTITUTION OR STREET ADDRESS WILL SUPPLY STREET ADDRESS 4325-40 th Rock	<u> </u>
NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day)	
(Type or Print)  SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF BIRTIL:   9. AGE last birthday:   P UNDER 1 Y	19 5 5
exacle Willowed Divorced 5/1-1903 5/ yrs. Months Da	
	CITIZEN OF WHAT
Presiponilaiso mapen Shop chot or Columbia 1	7.5.9
A FATHER'S NAME:	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & CODRESS.	
(Yes, ho, or unk.) (If Yes, give war or dates of aervice)	me ad dron
18. MEDICAL CERTIFICATION	
. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	
. Sistantia di Volumento di Contra d	Onset and Drath
Immediate cause (a) Cerebral compression	
"31x Panelood commence	
Immediate cause  (a) Cerebral compression  Antecodent cause(s)  Diseases or conditions, if any, (b) Cerebral humanhase	
Immediate cause  (a) Cerebral compression  Antecedent cause(s)	
Immediate cause  (a) Cerebral compression  Antecedent cause(s)  Diseases or conditions, if any, (b) Cerebral humanhage  giving rise to the above cause DUE TO  stains underlying cause last	
Immediate cause  (a) Cerebral compression  Antecedent cause(s)  Diseases or conditions, if any, (b) Cerebral humanhage  giving rise to the above cause DUE TO  stating underlying cause last (c) Cerebral arterios clusters  1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE	ONSET AND DEATH
Immediate cause  (a) Cerebral compression  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO  stating underlying cause last (c) Cerebral Anterior lung TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  9a. DATE OF OPERATION:  19b. MAJOR FINDING OF OPERATION:  19c. EXTERNAL CAUSE WAS 12th PLACE (Home farm factory 12th (City or town)  (County)	26. AUTOPSY?
Immediate cause  (a) Cerebral compression  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause DUE TO  stating underlying cause last (c) Cerebral Arterias Classical Compression  I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  9a. DATE OF OPERATION:  19b. MAJOR FINDING OF OPERATION:  Clas. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bidg., etc., CAUSE OF DEATH.  COUNTY)  COUNTY)	ONSET AND DEATH
Immediate cause  (a) Cerebral compression  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO  stating underlying cause last (c) Cerebral Anterior lung TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  9a. DATE OF OPERATION:  19b. MAJOR FINDING OF OPERATION:  19c. EXTERNAL CAUSE WAS 12th PLACE (Home farm factory 12th (City or town)  (County)	26. AUTOPSY?
Immediate cause  (a) Cerebral compression  Antecedent cause(s) Diseases or conditions, if any, (b) Cerebral humanhage giving rise to the above cause DUE TO stating underlying cause last (c) Cerebral arterios classes  I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  CAUSE OF DEATH.  19d. TIME (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED OF While at Not while INJURY  22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection X.	28. AUTOPSY? Yee No. No. (State)
Immediate cause  (a) Cerebral compression  Antecedent cause(s)  Diseases or conditions, if any, (b) Cerebral humanhage  giving rise to the above cause DUE TO  stating underlying cause last (c)  I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  10a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bidg., etc.,  CAUSE OF DEATH.  10d. Time (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF OF While at Not while INJURY  22. I hereby certify that I took charge of the remains described above, held an Autopsy I, Inspection of the child in that death resulted from: Natural causes of Accident I, Suicide I, Homicide I, Undetermant of the control of the control of the child in that death resulted from: Natural causes of Accident I, Suicide I, Homicide I, Undetermant of the child in the control of the child of the chi	28. AUTOPSY? Yee No. No. (State)
Immediate cause  (a) Cerebral compression  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) Cerebral Anterior Constitution Court Constitution Constitut	ONSET AND DEATH  20. AUTOPSY? Yes   No   No   No   No   No   No   No   N
Immediate cause  (a) Cerebral compression  Antecedent cause(s)  Diseases or conditions, if any, (b) Cerebral humanhage  giving rise to the above cause DUE TO  stating underlying cause last (c)  I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  10a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bidg., etc.,  CAUSE OF DEATH.  10d. Time (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF OF While at Not while INJURY  22. I hereby certify that I took charge of the remains described above, held an Autopsy I, Inspection of the child in that death resulted from: Natural causes of Accident I, Suicide I, Homicide I, Undetermant of the control of the control of the child in that death resulted from: Natural causes of Accident I, Suicide I, Homicide I, Undetermant of the child in the control of the child of the chi	ONSET AND DEATH  20. AUTOPSY? Yes   No   No   No   No   No   No   No   N
Immediate cause  (a) Cerebral comprission  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last  (c) Cerebral Actions durations  I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  CAUSE OF DEATH.  10d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED (OF INJURY OCCURRED (Not while at work)  10d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED (While at work)  22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUT	ONSET AND DEATH  20. AUTOPSY? Yes   No   No   No   No   No   No   No   N

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH. COUNTY Truice Stonge MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	P
CITY (If outside corporate minite, write EURAL and LENGTH OF STAY OR give nearly town (in this place)	CITY (If outside contrate limit, write RUR II, and give TOWN	ve hearest town)
HOSPITAL OR HOSPITAL OR TO THE STREET ADDRESS 7633 FOREST ROAD	STREET (Urural, give location)	1 7
3. NAME OF (First) (Middle) College Ased	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print)  6. SEX  6. COLUR OR RACE 7. SINGLE, MARRIED, WXDOVED, DIVOXED,	S. D. T. OF BIRTH 9. AGE lest birthday II under Months	
100 USUAL OCCUPATION (Give kind of rock 10b. Cond of Usiness OR	110/20 09 yrs.	CHIZEN OF WHAT
18. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	W. S. R.
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	Mary a. denel	Mari
(Yes to prusknown) (If yes, give war or date of 579-03-046:	Fild Schwaner Con	(sinev)
I, DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	,	INTERVAL BETWEEN ONSET AND DEATH
5 . x Tilemia		month
Immediate cause		
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	omentone fectus	yero(3)
II. OTHER SIGNIFICANT CONDITIONS		1 5
Conditions contributing to the death but not related to the desage or condition causing death.  19s. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	ic Valuably Alast Grales	1 200 AUTOPSY!
100. DELE OF OTHER 120.4		Yes   No A
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
1/2	, 1955, to 2/14, 1955, that I last s	aw the deceased
alive on	ADDRESS and on the date st	ated above.
Hemla Kurts m D	RFD BowieMY	2/14/55
23. BUTAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR PREMATORY LOCATION (City, town, or county	y) (State)
DATE REC'D BY LUCAL PECASTRAL'S SCHATURE	W. W. Chamber Co. 517	ADDRESS SE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of ihlomation carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDIN

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF 1899

DEATH I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Prince Georges COUNTY Pr. Geo. STATE Maryland MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) on and give nearest town)
Town Bladensburg (in this place) TOWN Bladensburg yrs. HOSPITAL OR STREET If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS 5314 Taylor Street 5314 Taylor Street 4. DATE (First) (Middle) (Last) DECEASED: CHRISTINA DEATH. February 18thm 55 (NMN) (Type or Print) SHEAFF 5. SEX: S. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNOER I YEAR IF UNOER 24 HRS. WIDOWED, DIVORCED, Female (Specify)Single Sept.19th,1952 Ioa. USUAL OCCUPATION Give kind of work done during most of working life, 10b, KIND OF BUSINESS OR | II. BIRTHPLACE (State or foreign country); 112. CITIZEN OF COUNTRY? INDUSTRY: even if retired): Chilo Takoma Park, Md. USA None IS. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: HOWARD M. Sheaff Virginia Pearson
15 Was Deceased Ever In U.S. Armed Forces? | 16. Social Security No.: | 17. INFORMANT & ADDRESS: Howard M. Sheaff (Yes, no, or unk.) | (If Yes, give war or dates of Howard M. Sheaff, 5314 Taylor Street. No service) None None Bladensburg. 18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death 2043 Immediate cause (a) Terminal internal hemorrhages. hours Antecedent causes (s) Physicians: (b) Acute Leukemia (Agranulocytic) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not None related to the disease or condition causing death. 20. AUTOPSY ? 19m. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION Yes M No (COUNTY) (STATE) 21. ACCIDENT (CITY OR TOWN) (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) SUICIDE TIME (Month) (Day) (Year) (Hour **HOW DID INJURY OCCUR?** Not While INJURY Work [ At Work 22. I hereby certify that I attended the deceased from Oct 5, 1954, to Feb, 18, 1955, that I last saw the deceased alive on 2/18 SIGNATURE OR CREMATORY | LOCATION (City, town, or cointy) (State) BURIAL, CREMATION, REMOVAL (Specify) 1955 Emblem Cemetery Maywood. Cook W.W. Chambers Company, Riverdale, Md.



2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

8	Reg. Dist. No.
The	I. PLACE OF DEATH COUNTY DE LES MARYLAND  2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY DE LES
fully.	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest lown) OR give nearest lown) (in this place) OR TOWN CITY (If outside corporate limits, write RURAL and give nearest town)
nd leg	HOSPITAL OR INSTITUTION OR 4305 Tougil Ol. STREET ADDRESS 4305 Tougust Ol.
mation arly a	3. NAME OF DECEASED WILLIAM FENTON SIGNOR LAST DEATH FEB 28 1555
infor th cle	5. SIX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED DIVORCED: APR 11, 678  9. AGE last birthday If under 1 year   If under 24 brs.  Wonths   Days   Hours   Min.  10a. USUAL OCCUPATION (Give kind of work   10b. Kind of physiness 10s   11. BIRTHPLACE (State or foreign country)
em of of dea	10a. USUAL OCCUPATION (Give kind of work done during post of working life, even if retired)  10b. Kind of Business of 11. BIRTHPLACE (State or foreign country)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME
ery it	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL EXCURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, give war or dated)
Supply every item of information carefully write the causes of death clearly and legibly.	18. MEDICAL CERTIFICATION
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONE WITH COUNTY AND DEATH ONE AND DEATH ON THE COUNTY AND DEATH ON THE COU
INK.	Immediate cause  Antecedent cause(s)
NFADING 1 Physicians:	Diseases or conditions, if any, (b)
UNFA t. Phy	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
wire un	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  Yes  No. 1
Y, WJ	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (OF office bidg., etc.) INJURY OCCURRED HOW DID INJURY OCCUR?  21. ACCIDENT (Specify) (COUNTY) (STATE)  PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
PLAINLY s especially	OF While at Not While I Not Wh
C1 10	22. I hereby certify that I attended the deceased from 19, to 7, to 7, to 195, that I last saw the deceased alive on 1, 5, and that death occurred at 7, to
WRITE	SIGNATURED (Degree or title) ADDRESS POR DATE SIGNED
PLEASE	21. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY / LOCATION (City, town, or county) (State) REMOVAL (Specify) 3/3/1963 To Thumsday Colored Maria Maria
PLE	DATE REC'D BY LOCAL RAGISTRAR'S SIGNATURE 21. AUNERAL DIRECTOR ADDRESS REG 2 - 8 55 CONTROL OF SIGNATURE CONTROL O
	John d. Smith / 300 -4 th. & FME Wash. DC.

VS. A15

MARCHI, RESERVED FOR BINDING

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# CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	CA
CITY (If outside corporate limits, write PORAL and LENGTH OF STAY OR give nearest town)  (in this place)	CITY (If outside corporate limits) write RURAL and g	ive nearest town) 53 X - 3
/X INSTITUTION OR STREET ADDRESS Faurel Suniform	STREET ADDRESS 330 Hull June	SI. 1
3. NAME OF DECEASED (First) PLIZABETH M. SA	11TH 4. DATE (Month) OF DEATH 2-	(Day) (Year) 22- 1900
Jourse Race 7. SHOTE, MARRIED, WIDOWED, OFFICE, (Specify)	11-1-1874 80 yrs. Months	er. 1 year   If under 24 hrs. 8. Days   Hours   Min.
done dir by most of working life, even if retired)  10b. Kind of Business on Industry  Own home	Lowa	COUNTRY?
- Mark Clair	14. MOTHER'S MAIDEN NAME  Maria ??	1.7 8.8.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (16. no, or unknown) (If year, give war or dates of service)	Mrs. Heley S. Moher m	colinator DC
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  H 2 2, 2  Immediate cause  (a)	carditis + Endocarditis	Source years
Antecedent cause(s)	007:00	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	l. i's	1953
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	agen.	700
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(COUNTY	Y) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While INJURY   Mark   Atwork	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-26	-, 1954, to 2-22-, 1955, that I last	saw the deceased
alive on 22.2. , 1990, and that death occurred at	ADDRESS A	stated above. DATE SIGNED
23. BURNAL, CREMATION DATE NAME OF CEMETE REMOVAL (Spring) 2/23/55 St. Joseph's		inty, (State)
TATE RECD BY LOCAL   NEED TRANS SIGNATURE	24. FUNERAL DIRECTOR 8434 Ga. A	Ave ADDRESS





MARYLAND -

Hyattsville, Maryland.

1859

### CERTIFICATE OF DEATH

CENTIFICAL	Reg. Dist. No.
1. PLACE OF DEATH- COUNTY   rince George's Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland Frince COUNTY 7005
CITY If outside corporate Units, write RURAL and LENGTH OF STAY OR give negreet town) TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, "d.
HOSPITAL OR INSTITUTION OR 4000 Micholson	STREET (If rural, give location) ADDRESS L(OO() Nicholson St
3. NAME OF (First) (Middle) DECEASED (Type or Print) Lula Gertrude	Smith 1. DATE (Month) (Day) (Year)  OF Feb 25, 19
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) , 1 do. to 2	8. DATE OF BIRTH 9. AGE last birthday If under 1 year   If under 24 hrs   Months.   Days   Hours   Min.
done during most of working life, even if retired)  10h. Kind of Business on Industry  Industry  Of Children	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
T. T. C. Anderson	Mary E. Hudgins
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Nes., no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS  LIT Charles F. Smith Hyattsville, Md.
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not	INTERVAL BETWEEN ONSET AND DEATH
related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	26. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY m.   Work   At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1 2	, 1950, to 2-25, 19.5), that I last saw the deceased
SIGNATURE (Degree or title)	ADDRESS OF COL 2-2655
23. BURIAL CREMATION DATE POPULATE NAME OF CEMETH	RY OR CW MARCHY LOCATION (City, town, or county) . (State)  1 . a + i onal Suitland Maryland







### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01905

### CERTIFICATE OF DEATH

eg. Dist. No. 232

Ite: 7.351:0177 2-23-55 et				
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.			
COUNTY Prince George'S MARYLAND	STATE Maryland COUNTY Prince Tronger			
OR give nearest toyon) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Those Mar para	TOWN UNDER /VIGILDORO			
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)			
STREET ADDRESS	Box # 165 1104tel			
8. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)			
(Type or Print) Allen William	Spencer DEATH Feb 1 18:5			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs.			
Ne le Hegro WIDOWED. DIVORCED.	Unknown 98 yrs. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, even if retired) INDUSTRY	II. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT			
done during most of working life, even if retired) INPUSTRY UNE mbloued	Prince Geo. Co., Md. COUNTERT			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
HIICH Spineer	Jane (unknown)			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT			
(Yes, no, or unknown) (II yes, give war or dates of service)	Julia Stewart, Daughter			
18. MEDICAL CE				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Onset and Death			
,50.0 A	~ 1			
Immediate cause (a) Landice tai.	mx english days			
Antecedent cause(s)	1 1 1 1 2 12 1			
Diseases or conditions, if any. (b)	- Hateriosclerosis 20-154m			
giving rise to the above cause stating the underlying cause last				
(c)				
II. OTHER SIGNIFICANT CONDITIONS	,			
Conditions contributing to the death but not related to the disease or condition causing death.				
198. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY			
7	Yes [] No P			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (STATE)			
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	Upper Marl Doro drince Frompe, Md.			
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY, OCCUR?			
OF INJURY  m. While at Not While Work At work				
, l-med				
22. I hereby certify that I attended the deceased from	, 19 5., to to 19 5., that I last saw the deceased			
1/4/				
alive on	ADDRESS A DATE SIGNED			
31011410110	Will Kill E 21. Com			
18mm 1. Again 1/1. D. 4940 has	er Tark 10.211/1/33			
	RY OR CREMATORY LOCATION (City, town, or county) (State)			
Buneal, 12 4-30 131. 1V19195	Cemelery Croome, Ma.			
DATE RECED BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS			
REGIOTIS 1955 John of Stanners.				
Jet 1993 I John & During .	Musile K. Dollins 4339 Huni M. W.E.			



correct age

NIARGIN RESERVED FOR BINDING

# CERTIFICATE OF DEATH

O -	FOR MEDICAL	EXAMINERS	Reg. Dist. No. 4.M.4.
. Th	1. PLACE OF DEATH-COUNTY DEATH. GRANGE MARYLAND	2. USUAL RESIDENCE (HOME) OF DE	
of information carefully death clearly and legibly.	OR give/nearest town TOWN  CITY (If outside corporate limits) write RUHAL and LENGTH OF STAY OR give/nearest town TOWN	CITY (If outside corporate finits, write OR TOWN	RURAL and give nearest town)
and le	INSTITUTION OR 4658 Home Cene		give Iocation)
matic early	3. NAME OF DECEASED (First) (Middle) (Type or Print)	bitle   4. DATE OF DEATH	(Month) (Day) (Year) Feb 26 1910
infor th cle	Final Color of RACE 7. SINGLE, MARKED WIDOWED, DIVORCED,	mor 5 1904	rthday II under I year II under 24 hr Months Days Hours Min.
em of of des	done during most of working life, even if retired)  105. Kind of Business on Industry	11. BIRTHPLACE istate or foreign countr	J 2. CITIZEN OF WHAT
every item	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Scheebel
Supply ever	16. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Ven. no or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	I some adder
E e	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
Su	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONBET AND DEATH
INK. please	Immediate cause (a) Asplant	*	
VG 11	Antecedent cause(s) Diseases or conditions, if any, (b) Cafridate	2 stomach C	outants
UNFADING t. Physicians:	giving rise to the above cause stating the underlying cause last	<b>D</b>	
ÚNF r. Ph	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
Portan	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
	21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street,	(CITY OR ZOWN)	(COUNTY) (STATE)
r. m	PRIMARY OR CONTRIBUTING OF Office ide., etc.) CAUSE OF DEATH.	Sentland	P.S. Ten
PLAINLY is especially	TIME (Month) (Day) (Year) (Houd INJURY OCCURRED OF INJURY 2 - 2.6 · 5) 7 m. While at work at work	asperal slove	not Contaits
PLA espe	22. I certify that I took charge of the remains described obove, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	utopsy Inspection Inquiry	thereon and from the evidence
国"	obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural couses , accident , suicide , homicide	osed died on the day stoted obore, and undetermined .	death in my opinion resulted
WRIT	SIGNATURE (Degree or title)	ADDRESS A A	DATE SIGNED
=	In may of tond on il	toresterle )	-ul 2-26-61
ASE	Transportation   Date Thereof ( KAME OF CEMETE / Transportation   Feb 27, 1955   Marlette	RY OR CREMATORY LOCATION (C) Michig	ty, town, or county) (State)

F. Gasch's ons

PLEASE

Hyattsville, Md.





correct age is especially important. Physicians: plemse write the cmuses of demth cleamly and lemibly.

PLAINLY, WITH UNFAIING INK.

PLEASE TYPE OR WRITE

A15-

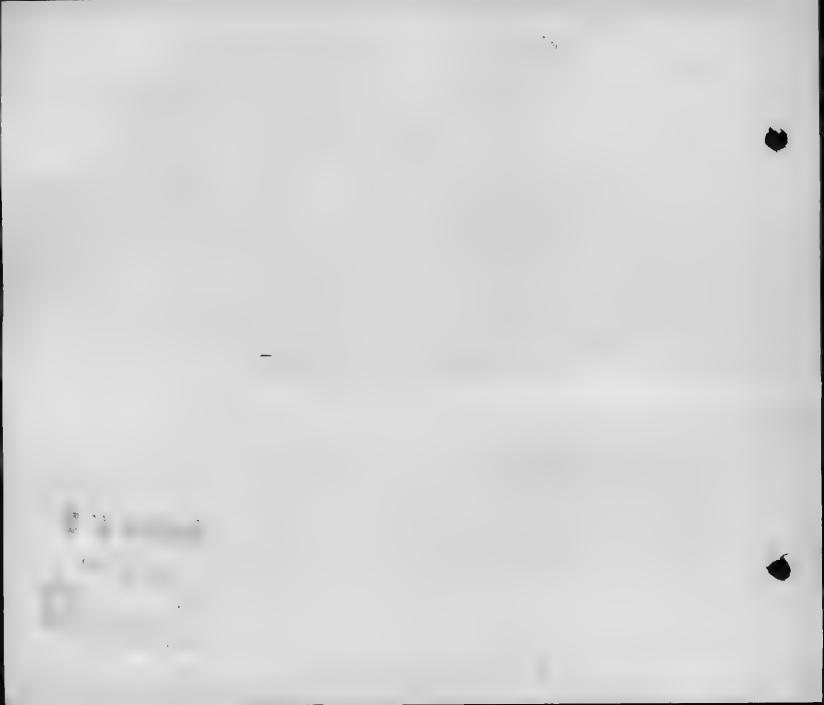
The

Supply svery item of information serefully.

MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18	1100%
1855 CERTIFICATE	OF DEATH Reg. Dist.	No. 75
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	):
COUNTY PRINCE GEORGES MARYLAND	STATE MARYLAND COUNTY U.	541.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in_this place)	CITYIII outside corporate limits, write RURAL a	nd give nearest town)
THOWN COLLEGE TARK 7 YES	TOWN COLLEGE PARK	14
HOSPITAL OR O STREET ADDRESS 9500 - U2 - Gre	ADDRESS 9500 52 AVE	1
DECEASED	OF	Day) (Year)
(Type or Print) JOHN HOMAS JA	ANNEL DEATH: FEB.	14 19 55
RACE WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y Months D	ays Hours Min.
(Specify): WIDOWER UNA	F /7 /865 89 yrs.   11. BIRTHPLACE (State or foreign country): 12.	CITITED OF MALE
work done during most of working life.  even if retired): ELECTRICIAN  SELF EMPLOYED CONT	PIQUA OHIO USA.	COUNTRY!
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME	
JOHN HIBERT STANNER.	UNKNOWN	1
ts WAS DECEASED EVER IN U.S. ARMED FORCEST 10. SDCIAL SECURITY, No. (Yes: no. of unk.) (If Yes, give war or dates	MRS FRANCES L HENNING	PAUGHTER)
No of service) UNKNOWN	9500 SZ AVE. COLLEGE	PARK MD.
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ON	INTERVAL BETWEEN
IMMEDIATE CAUSE (A) LARCINOMA	OF PROSTATE	8 MOS
	1ET ASTASES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY7
MAY 5, 1954   LNOPERABLE CA OF	PROSTATE	YES NO
21A. ACCIDENT WAS UNDERLY NG 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER. NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
ZID. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While   Not while at work   at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from DEC	. , 1954, to FEB , 1956, that I last	saw the deceased
alive on FES. 13 1955, and that death occurred at	7:30 P M, from the causes and on the date of ADDRESS	stated above.
	.o. 6124 Central and Capt. Aft.	Med. 2/14/10
BURYLL, CREMATION. DATE THEREOF NAME OF CEMETE  3-17-55	Comition Sulland	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	1908 Reg. Dist.
MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	No. 231
. PLACE OF EATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	-
COUNTY MINEL SEET CLO MARYLAND	STATE YN COUNTY PRICE	. Simon.
OR and the nearest town of TOWN LENGTH OF STAY	CITY (If outside corporate timits write RURAL an OR TOWN	d give wearest sewn)
HOSPITAL OR ANSTITUTION OR STREET ADDRESS OMCE SUP SO	STREET (If rural, give location) ADDRESS 2900 Danlor	
NAME OF DECEASED:	(Last) 4. DATE (Month) (Da	(Year)
SEX: 6. CO/OR OR 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify): 1	TE OF BIRTH: 9. AGE last birthday: IF UNDER 1 2 - 25 - 3 4 7 w/6 pre. Months D	
oa. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY: even if retired):	OR 11. BIRTHPLACE (State or foreign country): 12	CITIZEN OF WHAT
albert 12. Stevens	Mouain Jaylo	~
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? (Yes, no, or unk.) (If Yes, give war or dates of service)	Father - Same add	hess
	CAL CERTIFICATION	INTERVAL BETWEEN
L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a)	- topema	** ************************************
Antecedent cause(s)	*	
Diseases or conditions, if any, (b)	premona	
giving rise to the above cause DUE TO stating underlying cause last		
1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		,
92. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
PRIMARY OF CONTRIBUTING OF Street, office bldg., et INJURY	C.,	(State)
Ald. Time (Month) (Day) (Year) (Hour) 21c, INJURY OCCURRED  OF  INJURY  M. While at Not while  work [] at work []		
22. I hereby certify that I took charge of the remains descri	ibed above, held an Autopsy 💢, Inspection 🔀	, Inquiry X, and
find that death resulted from: Natural causes N. Acc	CHIEF MEDICAL EXAMINER	rmined cause [].  DATE SIGNED
Show Water Hyattmille Ms	M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	2-18-55
REMOVAL, (Specify):	in Commence   Location (City, town, or of	md, (State)
DATE REC'D BY LOCAL REC'S HAR'S SIGNATURE DELINA	Malley's Funeral Home 3200	-Ril. ave.
2/23/50 2011 13:64	mt. Romie	r. md.



### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

01909

FOR MEDICAL	L EXAMINERS	Reg. Dist. No.	144
COUNTY CO	2. USUAL RESIDENCE (HOM) STATE  CITY (If outside corporate lic or TOWN STREET ADDRESS	COUNTY	nesrest town)
3. NAME OF DECEASED (First) (Middle)  (Type or Print)  5. SEX 6 COLUR-OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Visiberary of Married of Works 10b. Kind of Business or Moustry 10b. Kind of Business or Moustry 10b. FATHER'S NAME	Current	OF DEATH GE last birthday If under 1 Wouths 1 lga country) 12.	(Day) (Year)  19  year   If under 24 br Days   Hours   Min
To. WAS DECRASED EVER IN U.S. ARNED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)  18. MEDICAL CE	17. INFORMANT AND ADDRIVE	est .	e
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Infinediate cause  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	entire has	o faction	INTERVAL BETWEE ONSET AND DEATH
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION			
21. EXTERNAL CAUSE WAS PRIMARY DOR CONTRIBUTING OF Office bidg., etc.) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	(CITY OR TOWN		2e. AUTOPSY?  Yes No S  (STATE)
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decendance in the said causes of accident in suicide in the said said (Degree or title)	ased died on the day stated about the st	quiry thereon and from one death in my of	om the evidence pinion resulted DATE SIGNED
DATE REC'D BY LOCAL   REGISTRAR'S MIGNATURE	1 24 CUNERAL DIRVETO	-	DRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. in especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



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service)

I. DISEASES OR CONDITIONS DIRECTLY LEADING

Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19s. DATE OF OPERATION | 19b. MAJOR FINDINGS

INJURY

(Day)

(Month)

Months.

(Year)

1955

Days | Hours | Min.

INTERVAL BETWEEN

ONSET AND DEATH

12. CITIZEN OF WHAT

COUNTRY?

18. MEDICAL CERTIFICATION

TO DEATH

At work

20. AUTOPSY? Yes P No P

(STATE)

DATE SIGNED

(State)

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) SUICIDE INJURY HOMICIDE INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) Not While While at

HOW DID INJURY OCCUR?

(CITY OR TOWN)

, that I last saw the deceased

m., from the causes and on the date stated above.

LOCATION

22. I hereby certify that Lattended the deceased from A and that death occurred at alive on (Degree or SIGNATU

ADDRES DATE NAME OF CEMI

Work |

23. BURLAL CREMATION REMOVAL (Specify) -REGISTRAR'S SIGNATURE

24. MUNERAL DIRECTOR

& ODRESS

(Lity, town, or younty)

(COUNTY)

MARGIN RESERVED FOR BINDING



DEALES ES

EUREAU V. S.

Physicians:

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TYPE

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MARYLAND STATE DEPARTMENT	of health—Baltimore, 18 11912
• 1903 CERTIFICATE	OF DEATH Reg. Dist. No.
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Opinee Georgas MARYLAND  CITY (If outside comporate limits, write RURAL LENGTH OF STAY (in this place)  TOWN  Riverdale 2days 17 hrs.  HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital	STATE Maryland COUNTY Montgomery CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver & prings STREET ADDRESS 210 University Lane.
DECEASED: (Type or Print) Elizabeth  5. SEX 6. COLOR OR '7. SINGLE, MARRIED, RACE. WIDOWED, DIVORCED, RACE. (Specify) married 10- 10A USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS	DATE (Month) (Day) (Year)  OF DEATH: 2 9 1955  OF BIRTH. 9. AGE last birthday: IF UNDER 1 YEAR 1F UNDER 184 MRS  4-77 YEAR Months Days Hours Min.  11 BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life.  even if retired! Auscwife	pennsylvania country?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S ARMED FORCES! 18. SOCIAL SECURITY NO  (Yes, no, or unk.) (If Yes, Rive war or dates of service)  18. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	17. INFORMANT & ADDRESS:  fact, William md.  8110 ceniversity Lane Silver Springs
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  OUE TO	mom Ababber 2 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19A DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	20 AUTORCY
./	20. AUTOPSY? YES NO NO
21A ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, facto OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., e	ry. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  M. 21E INJURY OCCURRED  While Not while at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from the alive on the course at 1955 and that death occurred at SIGNATURE  23. BURDAL CREMATION. DATE THEREOF NAME OF CEMETER REMOVAL (SPECIFY)  DETERMINENT OF CEMETER OF THEREOF NAME OF CEMETER OF CEMET	M, from the causes and on the date stated above.  DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 955 Com Nevers	24. PUNERAL DIRECTOR 254 ADDRESS AT Severall At

BUREAU V. &

MECENAED AND

Reg. Dist. No

#### 1. PLACE OF DEATH', 2. USUMB-RESIDENCE, (HOME) OF DESEASED COUNTY Leongia rince MARYLAND corporate limits, write RURAL and give nearest town) CITY If outside corporate limits, write KURAL and LENGTH OF STAY in this place) X TOWN COLLEGE TOWN (If rural, pive location HOSPITAL OR STREET INSTITUTION OR ADDRESS 40 TH STREET ADDRESS 4. DATE 3. NAME OF (Last) (Day) (Year) (First) DECEASED SIDKEY DEATH (Type or Print) 9. AGE last birthday | If under, 1 year | If under 24 hrs | Months. | Days | Hours | Min. WIDOWED, DIVORCED, (Specify) Zingle 10b. KIND OF BOSINESS OF 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, of unknown) (If year, give partor dates of service) service) ANU ADDRESSA service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATE Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes -No I (CITY OR TOWN) (COUNTY) PLACE (Home, farm, factory, street, OF office bidg., etc.) (STATE) 21. ACCIDENT SUICIDE HOMICIDE INJURY INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While Work INJURY At work [ (Degree or title) DATE SIGNED SIGNATURE LOCATION (City, town, or county) (State)

CERTIFICATE OF DEATH

Z A UALAU:





BUREAU V. S.

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carafully. The

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 1 () 1 ()

THE THE THE THE TAIL AND THE	or meneral management, 10	0.1910
i 1904 CERTIFICATI	E OF DEATH Reg. Dist.	No. 023/
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D: / .
COUNTY Prince Garges MARYLAND	STATE MARY 12 NO COUNTY PR.	Fees Count
CITY (If outside corporate limits, welte RURAL LENGTH OF STAY	CITYIII outside corporate limits, write RURAL a	
TOWN (heverly. 2 days.	TOWN Stabrook	
HOSPITAL OR	STREET (If rural give location)	-
** STREET ADDRESS P. Gecs Cen. Hosp	ADDRESS, 7	anham,
B. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (1	Day) (Year)
(Type or Print) KODEY C	OMANON DEATH:	16 19 55
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED, 8. DATE W.DOWED, DIVORCED, (Specify): SINGLE.	The state of the s	ear   15 UNDER 24 HRE.
OA USUAL OCCUPATION (Give kind of OB KIND OF BUSINESS work done during most of working life. even if retired):	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	USH.
Robert O Weldman	Florence G	
WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
Yes, no, or unk.) (If Yes, kive war or dates of service)	Chart.	
18. MEDICAL CERTIFICAT	rion	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	ONSET AND DEATH
IMMEDIATE CAUSE (A) Fulmina	Ting Septicemia	10
ANTECEDENT CAUSE (8)	dalli	11
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	al Ctitis Media.	44.
(c) Bronch	it, e	40
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		1 / 4 ,
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.	N	
		20. AUTOPSY?
218 PLACE (Home, farm, fac R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	ctory. 21c. WHERE DID City or town) (Count, etc. INJURY OCCUR?	y) (State)
IF EITHER, NOTIFY MEDICAL EXAMINER)		
OF INJURY M. M. 21E INJURY OCCURRED Mylle at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/1/	, 1955, to . 2/16, 19 55, that I last	saw the deceased
alive on 195, and that death occurred at SIGNATURE		stated above.
	A.D. 0913/1.17.17VE 2.3/19	2/16/11
REMOVAL (SPECIFY) 2-19-55 For the	reolu Bladensburg	county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	1 22 FUNERAL DIRECTOR	ADDRESS
REGISTRAR 55 umande downly	Deninous Bres. 1661- George	Hope RdSC

VS. A15-10-53

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

## CERTIFICATE OF DEATH

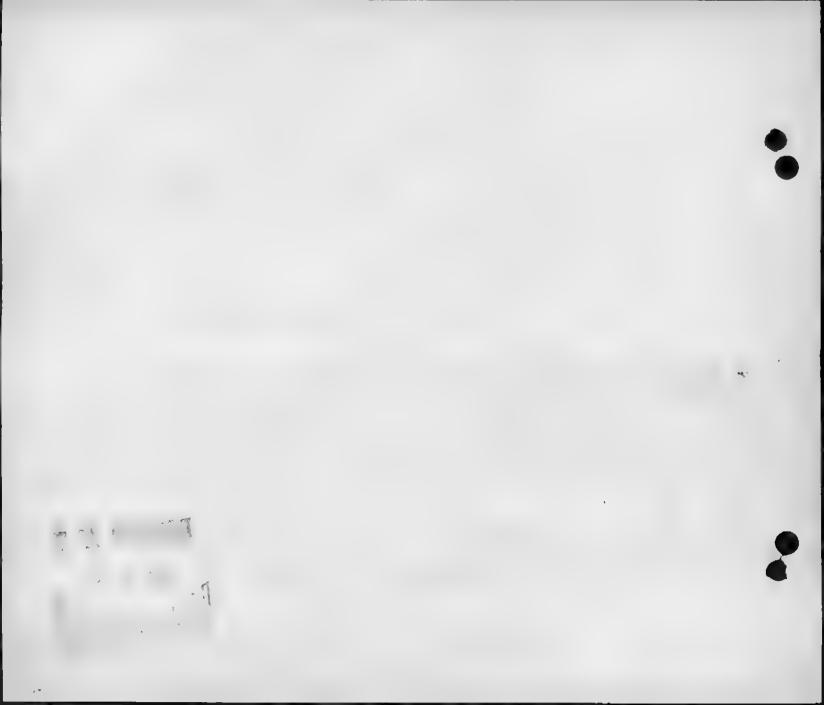
01917
Reg. Dist. No. 239

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
nince george MARYLAND	manglas / runes	-lear = 10
H / OR give nearest town) write BURAL and LENGTH OF STAY	CITY (L'Odtajde corporate limits, write RURAL and all	B Dearen Lown),
TOWN LAWRE I Slaw.	TOWN Lawree	41
HOSPITAL OR OUNSTITUTION OR STREET ADDRESS 42 A Street	STREET (If rural, give location) ADDRESS 42 A STreet.	/
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) NELSON NAPOLEON	WOODY DEATH Feb	14 1055
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH   9. AGE last birthday   If under	year   If under 24 hrs., Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY  SAW MILLING	VIRGINA.	USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
THOMAS FLOWERS WOODY	BETTY (?)	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	BELTSVILL
(Yes, no, or unknown) (If yes, give war or dates of NOWE	SAMUEL JEFFERSON WOO	DYLINDE
18. MEDICAL CE		MACYCA
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
1 / 2 / 2		ONBET AND DEATH
H Immediate cause (a)_ORTHOSTATIC	PNEUMONIA	4 days
Antecedent cause(s)  Disease or conditions, if any, giving rise to the above cause stating the underlying cause last		2 MOS.
(c) SENILITY		YEARS.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	e.	
198-DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY!
PONE		Yes   No Z
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE VO INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY TO.   Work   At work		
22. I hereby certify that I attended the deceased from # ANN	1955 to 14 Feb 1955 that I lest as	boncond with
alive on 13 Feb., 1955, and that death occurred at 15 SIGNATURE: (Degree or title)	ADDRESS	ted above. DATE SIGNED
ph K // suell my. 4	02 Main St. paurel md.	2/14/55
BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	1 1 2	4
DATE BEC'D BY LOCAL   REGISTRAR'S SIGNATURY	24. FUNERAL/DIRECTOR	ADDRESS
129-17-55 71. Brasheare	Kell ith wandless dans	ex Iled

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supgly every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

M



OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

PLEASE TYPE

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()1918

	1995 CERTIFICATE	E OF DEATH Reg. Dist. No. 244
<u>y</u>	1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
and legibly	COUNTY P. 76 CLEGGES MARYLAND	STATE Mol COUNTY TINGLE GROOKS
d le	CITY (If outside corporate limits, with RURAL LENGTH OF STAY OR and give/nearest town) (in this place)	CITY(If outside corporate llmits, write RURAL and give nearest town)
	18 TOWN (heverly 9 days	TOWN Fair mont Heights
rly	HOSPITAL OR /	STREET (If rural give focation)
clearly	STREET ADDRESS Trace Georges General Nesp.	Eastern We, -7801
th	DECEASED: AII	(Last) 4. DATE (Month) (Day) (Year)
death	Type or Print) 7/Dert / neodore  5. SEX:  6 COLOR OR  7, SINGLE, MARRIED.   8, DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Jo	RACE: WIDOWED, DIVORCED.	Months   Days   Hours   Min.
60°	10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS	II. BIRTHPLACE (State or foreign country):  12. CITIZEN OF WHAT
causes	work done during most of working life, OR INDUSTRY:	COUNTRY?
the c	13, FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
	HILICA T. WOOLAIK	My Fine Derothy Williams
write	IB. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
	(Yest no, or unk.) (If Yes, give war or dates of service)	V
please	18. MEDICAL CERTIFICAT	ION INTERVAL BETWEEN
[d	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
61	IMMEDIATE CAUSE (A) Broncha D	neueronia Dilateral 2 dord.
Physicians	ANTECEDENT CAUSE (8)	
ysi	DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE	sophoged fistula buth
Ph	STATING UNDERLYING CAUSE LAST. DUE TO	1.01
nt.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Y ESOPhagus peith
important.	TO THE DEATH BUT NOT RELATED TO THE	al Consister of b+c.
npo	DISEASE OR CONDITION CAUSING DEATH.	<del></del>
	Feb. 16, 1955 Stenos is & Eson hagus +	1 a la verda
especially	21A ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, fact	ory. 21c. WHERE DIO (City or town) (County) (State)
peci	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	
63]	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
. PT	M.   at work □ at work □	
90	22. I hereby certify that I attended the deceased from	, 1952, to . 2/18, 1955, that I last saw the deceased
	alive on 2/18 , 195, and that death occurred at	ADDRESS
correct		D. 530 Haunton X. Hyothwill Mil 2/0/50
603	23 BURIAL, OREMARION. DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
	2/22/55 Sincoln	teem - Suittand Rd mid
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL PIRECTOR ADDRESS
	Fret: 19.55 grave J. amphell.	A.S. washingtonsons Inc. 467-75t, 7 W

FEB \$3 1 52

UREAU

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (11919)

1997 CERTIFICATE OF DEATH

Reg. Dist. No. 24/5

D I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Prince Granges MARYLAND	Day of the Day of Contract of the Contract of
	STATE Mary load COUNTY Prince Georges
CITY (If butside corporate limits, watte RURAL) LENGTH OF STATE (in this place)	Y CITYIIf outside corporate limits, write RURAL and give neares (town)
25 or and give nearest town) (in this place)	TOWN C 1
HOSPITAL OR HISTITUTION OR STREET ADDRESS Le land Memorie / Hospita	STREET (If rural give location)
STREET ADDRESS Le land memorie Hospite	
13. NAME OF	OST 4. DATE (Month) (Day) (Year)
DECEASED: ROPERT VINION 1	OF DEATH: 76 15 19 55
di la	15 00
RACE: WIDOWED DIVORCED.	THE THE STATE OF STATE OF THE S
	16-1895 60 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION IGIVE kind of 108 KIND OF BUSINESS work done during most of working life. OR INDUSTRY: even if retired): press man Mews pare v	11. BIRTHPLACE (State or foreign country):  12. CITIZEN OF WHAT
10A. USUAL OCCUPATION Give kind of 108 KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	COUNTRY?
even if retired): press man Wor Mews paper	washington De US
	14. MOTHER'S MAIDEN NAME:
13. FATHER'S NAME;	2
o yost Robert Vinton Sr.	Conner, Lillian mue.
15. WAS DECEASED EYER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY NO.  (Yes, no, or unk.) III Yes, kive war or dates	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) If Yes, give war or dates	yost, mrs clare skin ma
	1 40st, mrs clare sigin mar manor
1 9es V of services /9/5- 15/809 89//	
I DISEASES OR CONDITIONS DIRECTLY LEADING TA DEATH	ONSET AND CEATH
11000	A LAND CEATH
: 4000 Casa	mare Mrombosis 1 8.
IMMEDIATE CAUSE	The state of the s
ANTECEDENT CAUSE (B)  DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A)  DUE TO  OUTER  (B)  DUE TO  OUTER	norg Thrombosis 1- he cosclerate Heart Dea 10 yrs
DISEASES OR CONDITIONS, IF ANY, (B)	coccerate Harried 11 m
GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST.	Malana.
(C)	1049
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B MAJOR FINDINGS OF OPERATION	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION:   198. MAJOR FINDINGS OF OPERATIO	ON 20. AUTOPSY?
	YES TO NO DE
> 0	
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fa	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg	c., etc. INJURY OCCUR?
č.	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	
M. at work at work	
and the same of th	
22. I hereby certify that I attended the deceased from	, 1947, to 7-6615, 1955, that I last saw the deceased
alive on 700-15, 1955, and that death occurred a	
anve on , 1999, and that death occurred a	
a significant	ADDRESS DATE SIENE
	M.D. Towerday, Med Jew 16,1988
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEME	TERY OR CREMATORY   LOCATION (Uts, town, or county) (State)
A REMOVAL (SPECIFY)	Sur 1 9 1 T B
phrony 4.1 1. 2 as 1744. Francis	- amount man war
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR APPRESS O
TREGISTRAN 19 MI VOLUM	3. Thereto some Aughanisa mail

BUREAU V. S.

FEB 21 1955

BECENTED

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Supply	write t
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PLEASE WRIT PLAINLY, WITH UNFADING INK. Supply ev	Physicians:
JLY, WITH	mportant.
PLAIR	especially
WRI	age is
PLEASE	***

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist. 920
	No. 23/
1. PLACE OF DEATH:	3
COUNTY MARYLAND STATE COUNTY COUNTY COUNTY CITY (If outside corporate limits write RURAL and	give nedrest town)
TOWN TOWN Poses ters to	T
HOSPITAL OR ADDRESS OME GLORGO GEN. + DD. STREET ADDRESS 5403 Gallitin.	St. 1
J. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day DECEASED: (Type or Print) (Type or Print) (Deceased) (Type or Print) (Deceased) (Deceas	(Year) 19.55
5. SEX   6. COLOR OR RAGE: MARRIED, WIDOWED, DIVORCHO, (Specify):	
10a. USUAL OCCUPATION (Give kind of work life, even if retired):    10b. KIND OF BUSINESS OF   11. BIRTHPLACE (State or foreign country):   12.	COUNTRY!
13. FATHER'S NAME:	
15. WAS DECEASED EVER IN V.S. ARMED FORCES ? [16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service)	us#2
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DRATH
Immediate cause  (a) Hemorrhage o Shock	************************
Antecedent cause(s)  Diseases or conditions (f any (b) Rupture of large berry onemon	
giving rise to the above cause DUE TO	***************************************
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ZLNo
21a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF Street, Affice bler, etc., CAUSE OF DEATH.  CAUSE OF DEATH.  COUNTY OF STREET, Affice bler, etc., INJURY	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work	holmgdown
22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [X], find that death resulted from: Natural causes [], Accident [X], Suicide [], Homicide [], Undeter	
SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
28. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR GREMATORY   LOCATION ACITY, town, or con	Z-3-55 unk) (State)
Burial (Specify): 2/5/55 Cedar Hell Suitland, m	4
DATE RECID BY LOCAL MIGISTRAR'S SIGNATURE TO LIBERT SONS Day at	terille and

BECEINED

BUREAU V. S.